



St. Vincent de Paul
Society of Lane County, Inc.
SVDP Mobile Home Division
Office 541-743-7134 • Fax (541) 687-0351
Toll Free 1-866-739-0867

2890 Chad Drive, Eugene, OR 97408
P.O. Box 24608, Eugene, OR 97402
Email: MHPD@svdp.us
Website: www.svdp.us

This is the waitlist packet for our HUD subsidized Senior and Disabled Housing.

In order to apply for the waitlist the Head of Household must be either 62 years or older, or verifiably disabled in accordance to HUD form 90102.

If you ARE 62 years old or older please provide:

- Copy** of Birth Certificate for everyone 18 years old or older who will be residing in the unit.
- Copy** of HUD Form 92006 (Supplement to Application for Federally Assisted Housing).
- Completed** waitlist application

If you ARE not 62 years old or older but meet the HUD form 90102 verification of disability, please provide:

- Copy** of Birth Certificate for everyone 18 years or older who will be residing in the unit.
- Completed verification of disability** (HUD form 90102 that is attached) by a third party.
- Copy of HUD Form 92006** (Supplement to Application for Federally Assisted Housing).
- Completed** waitlist application.

All items and completed packet must be submitted at the same time to be considered for the waitlist.

"This institution is an equal opportunity provider and employer"



ST. VINCENT DE PAUL SOCIETY OF LANE COUNTY

PO BOX 24608 Eugene, OR. 97402 PHONE 541-743-7134 FAX 541-687-0351 Toll-Free 1-866-739-0867 TTY 711

HUD WAITLIST APPLICATION

Check **all** that apply:

- | | |
|--|---|
| <input type="checkbox"/> FOUR OAKS (Salem – 23 rd and Mission)
<input type="checkbox"/> HAZEL COURT (Jefferson – N. 5 th and Hazel St.)
<input type="checkbox"/> STAYTON MANOR (Stayton – N. 3 rd and E. Washington)
<input type="checkbox"/> WALLERWOOD (Salem – 12 th and Waller) | <input type="checkbox"/> Studio <input type="checkbox"/> One-Bedroom
<input type="checkbox"/> Studio <input type="checkbox"/> One-Bedroom
<input type="checkbox"/> Studio <input type="checkbox"/> One-Bedroom
<input type="checkbox"/> One-Bedroom <input type="checkbox"/> Two-Bedroom |
|--|---|

Instructions: The head of household is responsible to provide all information requested on this form for all household members, including minors. **Anyone who is going to be living in the unit and are 17 years old or older must sign waitlist application.**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

HOUSEHOLD COMPOSITION

List Head of Household and all other members who are living in the unit. Give the relationship of each family member to the Head of Household.

MEMBER NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER
1						
2						
3						
4						
5						

Does anyone currently live with you now who is not listed above? YES NO
 Please Explain: _____

Do you expect a change in your household composition? YES NO
 Please Explain: _____

Was anyone in the household 62 years or older as of 1/31/2010, who was NOT assigned a Social Security Number, receiving Section 8 assistance at another location on 1/31/2010? YES NO

Do you need or require a handicapped accessible unit? YES NO (For unit eligibility purposes only)

What accessibility do you require? _____

Has any member of your household been evicted from federally assisted housing the last three (3) years? YES NO

Are there any members of the household subject to life time sex offender registration in any State??
 YES NO

If "YES" which States? _____

Are you now living in a subsidized housing unit? YES NO

Name of Complex: _____

Address: _____

Landlord's Phone #: _____

Have you EVER lived or CURRENTLY live at St. Vincent de Paul Housing? Yes No

If yes, where (property name and unit) and when (year)? _____

List Head of Household: _____

STUDENT STATUS

YES NO Someone in the household is a full or part-time student.

YES NO Someone in the household is planning on becoming a full or part-time student in the next 12 months.

If yes, please list the name of the household member: _____

Household Income

List below ALL household members who are currently receive income. Income includes, but is not limited to:

- * Child Support * Workman's Compensation * Social Security * Annuities * Assistance from family and friends
- * TANF * Pensions/Retirement * Financial Aid * Alimony * Temp. Disability Payments
- * Wage/Tips * Self-Employment * Unemployment Benefits * Commissions * Ongoing Settlement Payments

Name of Family Member	Source of Income	Rate of Pay	Circle one	How many Hours per week	# of Months per year
		\$	Hour, Week, Month		
		\$	Hour, Week, Month		
		\$	Hour, Week, Month		

Assets

List ALL household members, including minors, who currently have assets.

Assets include, but are not limited to:

- *Checking *Savings*Real Estate *Stocks/Bonds *Annuity *Trust Funds *Cash
- *Money Market Accounts *401K *Pensions *IRA * Certificate of Deposits

Name of Family	Bank/Financial Institution	Type of Account	Estimated Account

How did you hear about us?

TV News Paper Senior Boomer Flyer Friend Drive-By Other: _____

PREVIOUS RENTAL HISTORY (Please provide all states that applicants have lived in).

1) Current Address: _____

Landlord Name: _____ Phone #: _____

Rent Amount: \$ _____ How long have you lived there?: _____

Reason for leaving: _____

2) Previous Address: _____

Landlord Name: _____ Phone #: _____

Rent Amount: \$ _____ How long have you lived there?: _____

Reason for leaving: _____

3) Previous Address: _____

Landlord Name: _____ Phone #: _____

Rent Amount: \$ _____ How long have you lived there?: _____

Reason for leaving: _____

4) Previous Address: _____

Landlord Name: _____ Phone #: _____

Rent Amount: \$ _____ How long have you lived there?: _____

Reason for leaving: _____

5) Previous Address: _____

Landlord Name: _____ Phone #: _____

Rent Amount: \$ _____ How long have you lived there?: _____

Reason for leaving: _____

TENANT CERTIFICATION

I/We certify that to continue to receive assistance, the unit I/we occupy will be my/our primary residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State and local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signature of Head of Household _____ Date _____

Signature of Other Household Member _____ Date _____

Signature of Other Household Member _____ Date _____

Owner/Manager/PHA Representative _____ Date _____

OFFICE USE ONLY

Received Date/Time: _____ (Initial's) _____

Annual Income: _____ Annual Income Limit: _____

Full Time Student Household? : YES NO If yes, do they meet an exception? _____

Application Status: Approved Denied Application #: _____

Date letter was mailed: _____ By: _____ (Initial's) _____

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name _____ Voice 541-743-7134
Address 2890 Chad Dr. /PO Box 24608 Eugene, OR 97402 TTY 711

St. Vincent de Paul does not discriminate against any person on the basis of race, color, religion, sex, disability status, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(f) (g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).



APPLICANT/TENANT QUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire. **This form to be completed by the Applicant/Tenant - Answer each statement below by checking "Yes" or "No" and complete all additional information as it applies to you.**

Applicant/Tenant Name: _____ Unit #: _____

YES NO

I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business. Property: _____
 I am married and file a joint tax return.
 I am a Student: Part-Time Full-Time School Name: _____

INCOME

Applicant/Tenant Estimated Gross Monthly Income from all sources: \$ _____

YES NO

I am employed and receive wages. I am employed at more than one job? Yes # _____ No
 I receive income from: (Tips: \$ _____/Week) - (Commissions: \$ _____/Month) - (Bonuses: \$ _____/Year)
 I am Self-employed or own a business. Type of business: _____
 I have secured new employment and will begin working on: _____
 I am on a leave of absence from work. If "Yes", for how long: Start date: _____ End date: _____
 I receive income from Unemployment Worker's Compensation Disability Compensation Severance
 I receive/ am entitled to receive Child Support and/or Alimony payments.
 I receive Veteran's Benefits (VA).
 I receive Social Security (SS) Supplemental Security (SSI) Social Security Disability (SSD)
 I receive rental assistance such as Section 8, RD Other: _____
 I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: _____
 I receive income from a household member/s temporarily absent from the unit.
 I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: _____
 I receive periodic payments from family, friends or Other: _____
 I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.
 I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits.
 I have other forms of income not specified above. Source: _____ \$ _____ Per month.

ASSETS

YES NO

I have # _____ Checking account(s): List Bank(s): _____
 I have # _____ Savings account (s): List Bank(s): _____
 I have # _____ Money Market account(s) List Bank(s): _____
 I own # _____ Certificate (s) of Deposit: List Bank(s): _____
 I hold assets in a safe deposit box or other safe location. Amount/Value: \$ _____
 I have investments in Stocks, Bonds, Treasury bills and/or mutual funds.
 I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them.
 I own Real Estate. I owe/pay a mortgage on this property: No Yes Owe: \$ _____
 I own Real Estate and I am currently renting the property to others. Monthly rent amount: \$ _____
 I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage.
 I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract).
 I have a Life Insurance Policy (exclude Term Life).
 I hold personal property as an investment (Coin collections, gems, antique cars, etc.).
 I have other forms of assets not specified above. Source: _____ Amount: \$ _____
 I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years.
 I have cash-on-hand. The amount is: \$ _____

➤ Total household assets are: Over \$5,000 -OR- Under \$5,000.

Under penalty of perjury, I certify that the information provided in this certification is true and correct to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Date _____

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.
 OHCS Programs Applicant/Tenant Questionnaire (5/2017)



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 Office 541-600-8438 Fax (541) 687-0351

PO Box 24608
 Eugene, OR 97402
 Email: MHPD@svdp.us

DATE: _____

TO: _____

FROM: Jennifer Lange
 SVDP Property Management
 PO Box 24608 Eugene, OR. 97402
 Phone: 541-600-8438

(Name and address of third party who is being requested to verify this information)

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME _____

ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. ___ YES ___ NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.



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2. ___ YES ___ NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely; d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. ___ YES ___ NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4. ___ YES ___ NO Is a person whose sole impairment is alcoholism or drug addiction.

 NAME AND TITLE OF PERSON
 SUPPLYING THE INFORMATION

 FIRM/ORGANIZATION

 SIGNATURE

 DATE



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Public reporting burden for this collection is estimated to average 12 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. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

 Signature

 Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

St. Vincent de Paul does not discriminate against any person on the basis of race, color, religion, sex, disability status, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.





**Tenant Selection Plan
Four Oaks - Hazel Court - Stayton Manor - Wallerwood Apts.**

St. Vincent de Paul Property Management houses elderly and disabled families without regard to race, color, religion, disability, familial status, national origin or gender. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

This project is both a Section 8 Project and a Low-income Housing Project. As such applicants and tenants must meet the following requirements to be eligible for occupancy and housing assistance. Low-income subsidies are provided by the U.S. Dept. of Housing and Urban Development.

The guidelines stated below are to determine who can be admitted to reside at the projects. Final approval will be subject to review of all verified material.

General Eligibility Requirements:

- The head of household, co-head or spouse must be at least sixty-two (62) years of age **OR** verifiably disabled meeting HUD definition on form 90102.
- HUD restricts assistance to non-citizens with ineligible immigration status and requires applicants to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status at the time of application. (From U.S. citizens a signed declaration of citizenship. Owners may require verification of the declaration by requiring presentation of a U.S. birth certificate or U.S. passport.)
- SSN Disclosure & Verification Requirements: Each assistance applicant must submit the complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household, as well as documentation (below) to verify each such SSN.
 - A valid SSN card issued by the Social Security Administration;
 - An original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or
 - Such other evidence of the SSN as HUD may prescribe in administrative instructions.
- Section 8 assistance shall not be provided to any individual who:
 - Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential;
 - Is under the age of 24;
 - Is not married;
 - Is not a veteran of the United States Military;
 - Does not have a dependent child;
 - Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving section 8 assistance as of *November 30, 2005.* (See Definition E in Figure 3-6);
 - Is not living with his or her parents who are receiving Section 8 assistance; and

- Is not individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance. (See paragraph 3-33 for verifying parents eligibility.)

For purposes of determining the eligibility of a person to receive assistance any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition is included in annual income, except if the student is over the age of 23 with dependent children or if the student is living with his or her parents who are receiving Section 8 assistance.

Income Requirements:

A resident must meet income guidelines for the county in which the facility is located as set forth by HUD. Income limits are updated by HUD annually. Income of all types must be disclosed and verifiable.

- Households must be at or below HUD and LIHTC VLI income limits.

Procedures for Accepting Applications and Selecting From the Waiting List:

An applicant must submit a completed Application for Admission and Rental Assistance. We maintain a waiting list for each of our properties. You can express your preference for one or more properties on your application. Once received, an application will be evaluated; any application meeting the requirements as stated in the "General Eligibility Requirements", "Income Requirements" and "Applicant Screening Criteria" sections will be placed on the wait list. Any application not meeting these requirements will be rejected and not placed on the wait list. In the event that an applicant is rejected, the applicant will receive written notification. We do accept reasonable accommodations. The applicant shall have fourteen (14) days from the date of the letter to respond in writing to request a meeting to discuss the rejection. Responses may be directed to St. Vincent de Paul Mobile Home Park Division at 2890 Chad Drive, Eugene, OR 97408.

One's place on the waiting list is determined by the date on which all application materials are received at the office; however, acceptance to the waiting list does not automatically guarantee eligibility for an apartment. Further screening as described in the applicant screening criteria section will be completed at the time an apartment is offered. Apartments are rented to eligible persons in the order of receipt.

Wait List Procedures:

The offer of an apartment will be made by telephone and by letter. A person offered an apartment has five (5) days from the date of mailing, to notify the office of their intention to accept or reject the offered apartment. An intake appointment must be set up within 7 days of contact from the applicant stating they would like to apply for the unit.

Any deviation from this time frame must be approved in writing by the Property Management Director.

An applicant will be removed from the waiting list if mail is returned due to incorrect mailing information or if a number is disconnected or incorrect.

Any eligible person who refuses an apartment due to medically necessary reasons will not lose his or her place on the waiting list. Otherwise, any applicant who is offered a unit and refuses will be removed from the waiting list. The individual may reapply at any time.

However, their position on the waiting list will be determined by the date their most recent application is submitted.

We purge our waitlists annually via mail.

If at any time there are changes to the Tenant Selection Plan all applicants on wait list will receive a copy of the updated TSP.

Procedures for Applying Preferences:

HUD requires that no less than 40% of the admissions to any project assisted through the project-based section-8 program in any fiscal year must be extremely low-income (ELI) households. Income Targeting will be analyzed annually to insure the 40% target is met. In keeping with HUD's Income Targeting Policies, applicants at Four Oaks, Hazel Court, Stayton Manor or Wallerwood Apts. whose incomes are below the Extremely Low-Income limit (30% of the area median income) may receive preference over another applicant in a higher position on the waitlist when a unit becomes available. To implement this preference the first extremely low-income applicant on the waiting list (which may mean "skipping over" some applicants with higher incomes) for the available unit, and then select the next eligible applicant currently at the top of the waiting list regardless of income level for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the waiting list until the 40% target is reached.

Intake Appointment:

1. All household members that are 17 years old or older present at intake appointment.
2. Current State issued photo ID/Passport/DD-214/State issued Birth Certificate for all household members.
3. Social security number* or TIN* for all household members 6 years old or older.
4. Proof of income (Social security award letter (The current year for SS and SSD. For SSI award letter dated within the last 120 days of appointment), 4 most recent consecutive paystubs, TANF award letter, Financial Aid award letter, etc.)
5. Bank Statements (6 most recent consecutive months for Checking accounts. Current statement for Savings)
6. Balance receipts for any loadable cards (EBT, Direct Express, Relia Cards, etc.)
7. Child support and or alimony case number
8. Unemployment print out of claim status and payment history
9. Retirement account statements (401K, 403B, IRA, etc)
10. Whole life insurance value statement
11. 2 recent rental references (address and landlord contact information)
12. 2 letters of recommendation

* If an applicant does not have a Social Security Number or TIN, they may be able to provide alternate documents.

Applicant Screening Criteria (No applicant screening fee):

Landlord References:

- Acceptable screening will include two positive landlord references.
A positive landlord reference would include verification that rent was paid and in a timely manner, compliance with facility policies, compliance with lease requirements, property left in an acceptable condition with any back balances paid in full.
- An applicant who has had one or more evictions within the past three years may be denied.
- If an applicant has one or more negative references, an applicant may 1) demonstrate successful completion of a renter education class; 2) provide a satisfactory reference from one or more social service agencies which may include a commitment to case manage the applicant.

Credit History:

Acceptable credit history will show no outstanding balance due for rent or damages to a property management company or a previous landlord.

Criminal Screening:

Criminal screening that does not reveal:

- Felony or misdemeanor history related to any household member's eviction from federally-assisted housing for drug-related activity in the past three (3) years;
- Any household member currently engaging in illegal drug use, or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
- Any household member being subject to a lifetime sex offender registration program;
- Any household member is currently engaging in or has engaged in violent criminal activity or other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, or of the site's employees, contractors, or agents.
- Felony or misdemeanor history in the past three (3) years relating to other criminal activity that threatens the health, safety, and right to peaceful enjoyment of the property by other residents or the health and safety of the owner, employees, contractors, subcontractors, or agents of the owner.
- Any household member having an open criminal case.

In considering whether a given conviction should constitute grounds for denial of the application, management will consider the following to determine whether the person can reasonably be expected to refrain from future criminal conduct:

- The grade of the offense.
- Length of time since commission of the offense.
- Other convictions.
- Evidence of continuing dangerous behavior, current restraining orders.
- Reports from probation or parole officers regarding potential risk of the individual.
- Reports of social service agencies supporting the applicant.

Additional Screening Criteria:

- A resident must conduct himself/herself in a manner which does not threaten the health and safety of self and other residents, staff or the facility.
- A resident must be able to live according to and abide by the terms of their lease agreement.
- As part of the screening process, management will utilize the EIV Existing Tenant Search. This will allow us to determine whether or not the applicant or applicant's household members are currently receiving HUD/PIH housing assistance.
- Applicants shall not interfere with management. If an applicant interferes with management they will be denied, and St. Vincent de Paul may refuse to rent to them completely. For purposes of this section interference with management includes but is not limited to threatening in any form, verbal harassment (eg. screaming, yelling, swearing, or using profane or offensive words), written harassment or telephonic harassment (eg. cyberbullying, sending mail, emails, or phone calls with profane or offensive words, repeat calling, or posting untrue statements on-line or on-site), and physical harassment (ex. assaulting, battering, intimidating, threatening physical harm, or preventing work to be performed) of the Property Management/Agent, including any employees or agents thereof.
- The demeanor and behavior of the applicant(s) during the application process and prior to signing the Rental Agreement will be considered in the approval/denial of an application.

If any of the above information provided is inadequate, or we do not receive a response, the application process will proceed no further.

Approved

1. We will not advise applicants/tenant of when to give a 30 day notice to vacate to their landlord.
2. Once an applicant is approved they will be notified by phone unless another form of contact has been requested during the application.
3. If the unit is ready to rent the applicant will have to schedule an appointment for lease and pay move in costs within 3 business days. If they are unable to do so within the 3 business days we will offer the unit to the next approved applicant.
4. If the unit is not ready at the time of approval the applicant will be contacted once the unit is ready to rent. The applicant will have to schedule an appointment for lease and pay move in costs within 3 business days. If they are unable to do so within the 3 business days we will offer the unit to the next approved applicant.
5. If an applicant is approved, yet refuses/denies to rent the unit offered to them for any reason, they will continue to be approved but not guarantee that there will be another unit available before the application expires. (paperwork is only good for 120 days) If the paperwork expires past the 120 day period and previously a unit had been offered but they chose not to rent it, the application will be denied and removed from the waitlist.
6. If an applicant is offered a second unit and refuses the second unit offered to them the application will be denied and removed from the waitlist.
7. If the paperwork expires past the 120 day period and no unit had been previously offered the application will be denied they will remain on the waitlist in their original place and no pass will be issued.

Procedures for rejecting ineligible applicants:

Once the applicant screening criteria has been completed and all materials have been evaluated, any application not meeting the above requirements will be rejected. In the event that an applicant is rejected, the applicant will receive written notification. The applicant shall have fourteen (14) days from the date of the letter to respond in writing to request a meeting to discuss the rejection. We do accept reasonable accommodations. Responses may be directed to:

**St. Vincent de Paul Mobile Home Park Division
2890 Chad Drive
Eugene, OR 97408
Ph: 1-541-743-7134
TTY/TTD 711**

Occupancy Standards:

Residents will be required to meet the following State and HUD standards for occupancy (information must be verified):

OCCUPANCY STANDARDS FEDERALLY SUBSIDIZED PROGRAMS (SECTION 8)		
	Household Members	
	Min.	Max.
Studio	1	2
1 bedroom	1	3
2 bedroom	2	5

Household members include:

- All full-time members of the household
- Children temporarily absent due to placement in a foster home;
- Children in joint custody arrangements who are present in the household 50% or more of the time;
- Children who are away at school but who live with the family during school recesses;
- Unborn children of pregnant women.
- Children who are in the process of being adopted.
- Temporarily absent family members who are still considered family members.
- Family members in the hospital or rehabilitation facility for periods of limited or fixed duration.
- Persons permanently confined to a hospital or nursing home.
- Foster children
- Live-in aide

Household members excluded:

- Foster children
- Live-in aide
- Guests

Moving into a unit where occupancy requirements are not met:

Please be advised Management can move a one person family into a 2-BR, please ensure that no qualified resident is currently on the waiting or transfer list for 2-BR unit. The agreement between ownership and new move-in it's made clear to the new move-in that he or she must surrender the apartment unit when someone qualified to use an ADA compliant and/or the appropriate size unit becomes available for that new move-in to transfer into. The new move-in must be placed on transfer list for a smaller unit.

Unit Transfer Policies:

Residents may request a transfer between apartments for the following reasons:

- There has been a change in the household composition.
- For medically necessary reasons when accompanied by a note from the Tenant's physician.
- For a Reasonable Accommodation to a household member's disability or an extenuating circumstance.

Transfer requests will be placed on an in-house waiting list, in the order of the date they are received. In-house transfers have priority in regard to apartment availability. When a unit becomes available and a tenant on the in-house waiting list requires that type/size of unit, that tenant will be transferred. If no tenant on the in-house waiting list requires the type/size unit that is available, the unit will be offered to applicants on the general waiting list according to our wait list procedures. Those with an approved Reasonable Accommodation may be moved to the top of the waiting list.

If a transfer request is granted based on a Reasonable Accommodation, St. Vincent de Paul Property Management will pay the costs associated with the transfer unless doing so would be an undue financial and administrative burden.

Policies to comply with Section 504 of the Rehabilitation Act of 1973 and Fair Housing Act Amendments of 1988:

Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance.

A Reasonable Accommodation as defined by the Fair Housing Act is any accommodation by management in rules, policies (including acceptance of assistance animals as an exception to a "no pets" rule), and practices of services to give a person with a disability an equal opportunity to use and enjoy a dwelling unit or common space. It is your responsibility to inform management of any situation where a Reasonable Accommodation is needed.

Reasonable Accommodations should be submitted in writing. If unable to provide the request in writing, please notify management. Reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities may be approved and funded by the project, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens. Fair Housing Act Amendment of 1988 prohibits discrimination on the basis of race, color, religion, gender, national origin, disability or familial status. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Policy for opening and closing the waiting list for the property:

It is not our policy to close the waiting list for our properties. We will evaluate the lists annually and if the lists become excessive, we will consider closing them.

Security Deposit Requirements:

HUD requires collection of a security deposit at the time of the initial lease execution. The amount of the required deposit is equal to the Total Tenant Payment, line 108 from the HUD 50059 form. SVDP requires prorated rent and security deposit be paid at the time of the initial lease execution.

Existing Tenant Search:

According to HUD's requirements, St. Vincent de Paul will perform an Existing Tenant Search on all household members once they have completed an application packet and have signed the HUD-9887. This search is available through EIV (Enterprise Income Verification). This search identifies applicants who may be receiving assistance at another Multifamily or PIH location.

- If an applicant is reported as receiving assistance at another property or through another program property management will
- Discuss the report with the applicants and will give the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location.
- Follow up with the respective Public Housing Authority or Owner/Agent to confirm the individual's program participation status before admission.
- Coordinate move-out and move-in dates with the PHA or O/A of the property at the other location.
- Retain the search results with the application along with any documentation obtained as a result of contacts with the applicant and the PHA and/or O/A at the other location.

ACKNOWLEDGEMENT

I acknowledge that I have read and understood the preceding Tenant Screening Criteria. I understand and agree to the conditions and procedures set out in the preceding screening information provided.

Applicant Signature

Date

Applicant Signature

Date

Property Management Agent Signature

Date



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

ASSESSMENT OF HOUSEHOLD DEMOGRAPHICS

Property Name: _____

Unit #: _____

Name of Head of Household (HOH)

Name of Household Member #2

Name of Household Member #3

Name of Household Member #4

Name of Household Member #5

Name of Household Member #6

Name of Household Member #7

THIS FORM TO BE COMPLETED BY APPLICANT/TENANT

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain tenant data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

Check all that apply for each household member

(A) Racial Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply for each household member

(B) Ethnic Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) Disability Status*:

Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If yes, check each box that applies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please refer to the attached page for definitions of race, ethnicity, and disability.

(D) Decline:

- I/we were given the opportunity to furnish the above-listed information for our household but choose not to. (Do NOT check this box if your household furnished the data requested in sections A, B, and C above.)

Head of Household Signature

Date

Signature

Date

Signature

Date

Signature

Date

Keep for your records

The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of "disabled" comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: <http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions>

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant 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 Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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 applicant 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 applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, 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.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

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.

St. Vincent de Paul Society of Lane County Section 8 Project
APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this form for each member of the household listed on the Family Summary Sheet

Name: _____
(Last) (First) (Middle)

Relationship to Head of Household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number (if applicable): _____ (This is an 11-digit number found on INS form I-94, Departure Record)

Nationality: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE Verification Number: _____ (To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's name in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3.

Declaration: I, _____, hereby declare, under penalty of perjury, that I am:

1. a citizen or national of the United States.
If you checked this block no further information is required. Sign and date below. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for child

2. a non-citizen with eligible immigration status.
If this block is checked, check the appropriate category on the Attachment to Declaration. Sign and date below. Be sure to include the required documentation. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the required documents are not currently available, complete the request for extension block below.

Signature Date

Check here if adult signed for child

REQUEST FOR EXTENTION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check here if adult signed for child

3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.
If you checked this block no further information is required and the person named above understands they are not eligible for assistance. Sign and date below. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for child

