St. Vincent de Paul Housing Waitlist Application
Arbor Mobile Home Park 06/03/2022 ks

Waitlist Application must be completely filled out to be accepted and reviewed

Keep this page.

Frequently Asked Questions:

Q.   What happens once I turn in my completed waitlist applications?

•   Your waitlist application will be reviewed to ensure it is completely filled out, your household meets occupancy standards and the income limits. A letter will be sent to the mailing address or email listed on the waitlist application notifying you of your waitlist application status for approval. No notification will be sent for denials.

Q.   How will I know when I get to apply for a unit?

•   You will be contacted via the information provided on your waitlist application. (phone numbers, mailing address, and/or email address) when your name comes up on the waitlist.

Q.   How long until my name comes up on the waitlist?

•   The wait time varies for each property and bedroom size. The average wait time is 6 to 18 months.

Q.   Do I need to update my information with the waitlist department?

•   If any of your information has changed since you first applied, then yes. You need to make sure we have your most updated information so we can get ahold of you when your name comes up on the waitlist.

Q.   How do I update my information?

•   Call the waitlist department at 541-743-7164 or email waitlist@svdp.us to update your information.

Q.   What if I have case managers or other agencies I work with? Can you call them for me?

•   We will call all the phone numbers listed on your waitlist application. Be sure to list the names and numbers of people you would like us to contact.

Q.   Do I need to check in to stay on the waitlist?

•   No, you do not need to check in to stay on the waitlist.

The Minimum Occupancy for bedroom sizes are:	The Maximum Occupancy for bedroom sizes are:
SRO: 1 Person	SRO: 1 Person
Studio: 1 Person	Studio: 2 Person
1 Bedroom: 1 Person	1 Bedroom: 3 Person
2 Bedroom: 1 Person	2 Bedroom: 5 Person
3 Bedroom: 2 People	3 Bedroom: 7 People
4 Bedroom: 3 People	4 Bedroom: 9 People

*WAITLIST APPLICATION MUST BE TURNED INTO 2890 CHAD DRIVE EUGENE OR 97408

Fax: 541-687-0351   Email: waitlist@svdp.us

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The Minimum Occupancy for bedroom sizes are:
1 Bedroom: 1 Person
2 Bedroom: 1 Person
3 Bedroom: 2 People

The Maximum Occupancy for bedroom sizes are:
1 Bedroom: 3 Person
2 Bedroom: 5 Person
3 Bedroom: 7 People

Please mark the box next to the properties and bedroom sizes you are interested in.

If you do not see the property or bedroom size you want, that waitlist is not open at this time.

PROPERTY INFO Rents are subject to change	BEDROOM SIZE	Mark an 'X' by the one(s) you choose	OFFICE USE ONLY
Portland			
Arbor Mobile Home Park * $789 6415 N.E. Killingsworth St. Portland OR 97218	1		Approved Denied
Arbor Mobile Home Park * $950 6415 N.E. Killingsworth St. Portland OR 97218	2		Approved Denied
Arbor Mobile Home Park * $504 6415 N.E. Killingsworth St. Portland OR 97218	RV Space		Approved Denied

*=Tenant pays all utilities (Water, Sewer, Gas (if applicable), Garbage and Electric)

No* = Tenant pays Electric and Gas (if applicable)

Waitlists have maximum capacity limits; applications received after capacity is reached will be rejected and denied.
Waitlist applications are evaluated for list capacity, completeness, occupancy, student status and income.

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Head of Household: _____

First   Last

Mailing Address:_____

Street   City   State   Zip

Is it ok to leave a detailed message at the below contacts?   YES   NO

Phone: _____   Message Phone: _____

Case Manager:_____   Case Manager Phone: _____

Alternate Contact:_____   Alternate Contact Phone: _____

Email Address:_____

Household Composition ☐ Check if you have chosen not to disclose the race and ethnicity of the household members.

RACE CODES:
White = 1
Black/African American = 2
American Indian/Alaska Native = 3
Asian = 4
Native Hawaiian/Other Pacific Islander = 5

ETHNICITY CODES:
Hispanic or Latino = 1
Not Hispanic or Latino = 2

Not Disclosed/Missing Information = ND

	Full Legal Name	Relationship to Head of Household	Age	Sex (M or F)	Race (see above)	Ethnicity (see above)	Gross Monthly Income Amount
1)		SELF					$ Monthly
2)							$ Monthly
3)							$ Monthly
4)							$ Monthly
5)							$ Monthly
6)							$ Monthly
7)							$ Monthly

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Has anyone that is going to be living the unit, ever lived in St. Vincent de Paul Housing before? ☐ <u>Yes</u>   ☐ <u>No</u>

<u>If yes</u>, where (property name and unit) and when (year)? _____

List Head of Household: _____

List all household members that were 17 years or older: _____

Please list any special needs your household may require in our housing (example: bars in the bathroom, ramps, downstairs, no stairs, upstairs, etc.) **:** _____

_____

_____

_____

I/we certify that the information given to St. Vincent de Paul on the household composition, student status, household income, & assets is accurate and complete to the best of my/our knowledge and belief. It is further understood I/we must immediately report any changes in household composition to St. Vincent de Paul. It is understood and agreed that failure to report changes and/or submitting false statements of information is grounds for denial of housing and/or eviction.

BY SIGNING BELOW I/WE CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Signature of Applicant	Printed Name of Applicant	Date

Signature of Applicant	Printed Name of Applicant	Date

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OFFICE USE ONLY

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

Annual Income: _____   Annual Income Limit: _____

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

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