



St. Vincent de Paul  
Society of Lane County, Inc.  
Property Management  
Office 458-264-1882 • Fax (541)550-2809

P. O. Box 24608  
Eugene, OR 97402  
Email: PM.COMPLIANCE@SVDP.US

This is the waitlist packet for our HUD subsidized Senior and Disabled Housing located in Springfield, Oregon.

In order to apply for the waitlist the Head of Household must be either 62 years old or older.

**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.
- Completed HUD Form 92006 (Supplement to Application for Federally Assisted Housing).
- Completed Waitlist application.
- Completed Applicant/Tenant Questionnaire.
- Signed Acknowledgement of the Tenant Selection Plan.
- Completed Applicant Declaration.

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

# ST. VINCENT DE PAUL SOCIETY OF LANE COUNTY

PO Box 24608, Eugene, OR. 97402      PHONE: 541-743-7134      FAX: 541-687-0351

PLEASE RETURN APPLICATION TO THE ABOVE ADDRESS OR FAX IT TO THE ABOVE FAX NUMBER

## ASTER APARTMENTS WAITLIST APPLICATION

*Aster Apartments (1955 3<sup>rd</sup> St., Springfield OR. 1 Bedroom Apartments)*

**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

Does anyone currently live with you now who is not listed above?       YES       NO

Do you expect a change in your household composition?       YES       NO

Please explain if you answered yes to either question.

\_\_\_\_\_

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

If yes, who? \_\_\_\_\_

Do you need or require a handicapped accessible unit?       YES       NO

What accessibility do you require? \_\_\_\_\_

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

Name of Complex: \_\_\_\_\_

Name of Manager \_\_\_\_\_

Manager's Phone \_\_\_\_\_

<b>For Office Use Only:</b> Date Application Received _____	Time Application Received: _____	By: _____
--	----------------------------------	-----------

Have you ever been evicted?  YES  NO

Please list a personal reference: \_\_\_\_\_

Please list an emergency contact: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

If yes, please explain: \_\_\_\_\_

**INCOME AND ASSET INFORMATION**

Please answer each of the following questions for **all** household members.

**Does any member of your household:**

- 1. Work full-time, part-time or seasonally?  YES  NO
- 2. Expect to work for any period during the next year?  YES  NO
- 3. Work for someone who pays them cash?  YES  NO
- 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?  YES  NO
- 5. Own a business or consider themselves self-employed?  YES  NO
- 6. Now receive or expect to receive unemployment benefits?  YES  NO
- 7. Now receive or expect to receive Workman's Compensation?  YES  NO
- 8. Now receive or expect to receive Child Support?  YES  NO
- 9. Have an entitlement to receive Child Support that is not currently being received?  YES  NO
- 10. Now receive or expect to receive Alimony?  YES  NO
- 11. Have an entitlement to receive Alimony that is not currently being received?  YES  NO
- 12. Now receive or expect to receive Public Assistance (Welfare)?  YES  NO
- 13. Now receive or expect to receive Social Security or SSI?  YES  NO
- 14. Now receive or expect to receive income from a Pension, Annuity or IRA?  YES  NO
- 15. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?  YES  NO
- 16. Own Real Estate or any assets for which you receive no income?  YES  NO
- 17. Have a checking or savings account?  YES  NO
- 18. Have any cash on hand?  YES  NO
- 19. Receive income from assets including interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stocks, bonds or rental properties?  YES  NO
- 20. Have you sold or given away real property or other assets (including cash) in the past two years?  YES  NO

**INCOME**

**Please list all sources of income for all household members.**

MEMBER NUMBER	SOURCE / TYPE OF INCOME	ANNUAL INCOME

**ASSETS**

Please list all checking and savings accounts, including IRA's, Keogh accounts and Certificates of deposit, for all household members.

MEMBER NUMBER	BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE

Please list all stocks, bonds, trusts, pensions, whole life insurance or other assets and their value owned by any household member:

\_\_\_\_\_

Please list any assets disposed of for less than their fair market value during the past two years:

\_\_\_\_\_

**EXPENSES**

YES  NO

Do you have expenses for child care of a child aged 12 or younger?

If **yes**, please provide the name, address and phone number of the care provider?

Care Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

What is the weekly cost to you of the child care? \_\_\_\_\_

YES  NO

Is any portion of your child care paid or reimbursed by someone outside your household?

YES  NO

Do you pay a care attendant or for any equipment for any disabled household member necessary to Permit that person or someone else in the household to work?

If **yes**, please provide the name, address and phone number of the care attendant?

Care Attendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

What is the cost to you for the care attendant and/or equipment? \_\_\_\_\_

YES  NO

Is any portion of this care paid or reimbursed by someone outside your household?

YES  NO

Do you pay for Medicare? If **yes**, what is your monthly premium? \_\_\_\_\_

YES  NO

Do you have any other kind of medical insurance? If **yes**, please provide:

Carrier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Premium Amount: \_\_\_\_\_

YES  NO

Do you have outstanding medical bills? If **yes**, please list them below:

\_\_\_\_\_

What medical expenses do you expect to incur in the next twelve months that will **not** be covered by Insurance? \_\_\_\_\_

\_\_\_\_\_

YES  NO Do you pay out of pocket for your prescriptions?

If **yes**, Please provide the name and address of your pharmacy:

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

YES  NO Would you like to claim medical mileage? If **yes**, please complete a medical mileage sheet.

YES  NO Would you like to claim assistance/companion animal expenses incurred over the past 12 months? If **yes**, please provide receipts for the assistance/companion animal expenses. The only assistance/companion animal expenses allowed are those for which you have receipts.

**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: \_\_\_\_\_

How did you hear about Aster Apartments?

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

**PREVIOUS RENTAL HISTORY**

Present Address:

\_\_\_\_\_

\_\_\_\_\_

Landlord Name: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Previous Address:

\_\_\_\_\_

\_\_\_\_\_

Landlord Name: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name and Address of Head's Present Employment:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Name and Address of Spouse/Co-Head's Present Employment:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**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 Spouse/Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Manager/PHA Representative

\_\_\_\_\_  
Date

**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.**

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 Lisa Howe Voice 541-554-1096

Address PO Box 24608 Eugene, OR 97402 TTY 711

**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) (a) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (a) 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** Property: \_\_\_\_\_  
  I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business.  
  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

# APPLICANT /TENANT QUESTIONNAIRE CONTINUED

**Please answer each questions. Circle YES or NO**

1. Have you attended or plan to attend a school of higher education for 5 months or more out of the current or upcoming calendar year?      **YES\***      **NO**

\* If yes, please provide a copy of your award letter and student schedule.

2. Does anyone in the household receive food stamps (SNAP)?      **YES\***      **NO**

\* If yes, please list who and the amounts they receive below (including yourself).

	\$ _____
Name of Card Holder	Monthly Amount

	\$ _____
Name of Card Holder	Monthly Amount

3. Does anyone **under 18** receive Social Security Benefits?      **YES\***      **NO**

\* If yes, please list who and the amounts they receive below.

	\$ _____
Minor's Name	Monthly Amount

4. Do you have any foreign bank accounts?      **YES\***      **NO**

\* If yes, please complete the following:

<u>Country &amp; Institute Name</u>	<u>Type of Account</u>	<u>Approx. Balance</u>
		\$ _____

5. Do you have any "pre-paid" cards?      **YES\***      **NO**

(Ex: Relia Card, Direct Express, Net Spend, EBT (Cash ONLY))

\* If yes, please complete the following:

<u>Card Name</u>	<u>Who Loads Money on Card?</u>	<u>Approx. Balance on Card</u>
		\$ _____
		\$ _____

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date



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



**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)

Aster, Inc. Lp.

1955 3rd Street, Springfield, OR. 97477

Name of Property	Project No.	Address of Property
St. Vincent de Paul Society of Lane County, Inc.		Section 8
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.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **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."
2. **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.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **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.
2. **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
3. **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."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



## **Tenant Selection Plan Aster Apartments**

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.
- All household members, age six and older, must disclose and document Social Security numbers. Those who have not been assigned a Social Security number must sign a certification stating that no SSN has been assigned. Documentation of the SSN must be provided once an SSN has been assigned.
- 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.

### **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 Attn: Denial Dept. PO Box 24608, Eugene, OR 97402.

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.

### **VAWA (Violence Against Women Act)**

In accordance with the Violence Against Women Act (VAWA), SVDP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of SVDP to honor such request for tenants currently residing in our housing, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether SVDP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

### **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. If landlord reference is unavailable, two positive personal references or one of each. 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.

**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**  
**Attention: Application Denials**  
**P.O. Box 24608**  
**Eugene, OR 97402**  
**Ph: 1-541-743-7134**  
**OR**  
**Toll Free: 1-866-739-0867 ext.134**  
**TTY/TTD 711**

**Occupancy Standards:**

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

<b>OCCUPANCY STANDARDS</b>		
<b>FEDERALLY SUBSIDIZED PROGRAMS (SECTION 8)</b>		
<b>Household Members</b>		
	<b>Min.</b>	<b>Max.</b>
<b>1 bedroom</b>	<b>1</b>	<b>3</b>

**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.

**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 proceeding screening information provided.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Management Agent Signature

\_\_\_\_\_  
Date

10/07/2022



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.