

# St. Vincent de Paul Housing Waitlist Application Saginaw Mobile Home Park - RV Space ONLY 05/16/2024 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 notifications 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, could be longer, could be less time. Vacancies depend upon how soon people move out of units.
- 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 a hold 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](mailto: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:

SRO: 1 Person  
Studio: 1 Person  
1 Bedroom: 1 Person  
2 Bedroom: 1 Person  
3 Bedroom: 2 People

The Maximum Occupancy for bedroom sizes are:

SRO: 1 Person  
Studio: 2 Person  
1 Bedroom: 3 Person  
2 Bedroom: 5 Person  
3 Bedroom: 7 People

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

FAX: 541-687-0351

EMAIL: [waitlist@svdp.us](mailto:waitlist@svdp.us)

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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 <small>Rents are subject to change</small>	BEDROOM SIZE	Mark an 'X' by the one(s) you choose	How many waitlist apps are we accepting?	OFFICE USE ONLY
<b><u>COTTAGE GROVE</u></b>				
Saginaw Mobile Home Park \$350 80116 Hwy. 99 Cottage Grove OR 97424	RV Space		40	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.**

# St. Vincent de Paul Housing Waitlist Application

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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?  Yes  No

If yes, 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

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: R.A. Processor Voice: 541-687-5820  
Address: 2890 Chad Drive / P.O. 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.**

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**OFFICE USE ONLY**

Received Date/Time: \_\_\_\_\_ (Initial's)

Annual Income: \_\_\_\_\_ Annual Income Limit: \_\_\_\_\_

Date letter was mailed: \_\_\_\_\_ By: \_\_\_\_\_ (Initial's)

