



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.

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

**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 old or older who will be residing in the unit.
- ☐ Complete parts of the verification of disability. Please put your Dr.'s name and address that can verify that you are disabled in the TO: area. Under Verification of Disability please put your name and address. We will send this Verification of Disability to your Dr.'s office from our office to get the verification (Do not complete the bottom of page one or page two at all), sign and date page 3.
- ☐ 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 541-550-2809

## HUD WAITLIST APPLICATION

Check all that apply:

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

4/15/2022 p/PROPERTYMANAGEMENT/Compliance team



## APPLICANT / TENANT INCOME CERTIFICATION QUESTIONNAIRE

(\*Note: A separate questionnaire MUST be completed by each adult member of the household)

NAME: \_\_\_\_\_

Unit #: \_\_\_\_\_

Property Name: \_\_\_\_\_

☐ Initial Certification    ☐ Recertification    ☐ Addition of Household Member

### RENTAL ASSISTANCE

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below Housing Authority Name: _____	Note: This is not counted as household income.
2.	<input type="checkbox"/>	<input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

### INCOME INFORMATION

Include all income sources, including unearned income of minors.

	YES	NO		MONTHLY GROSS INCOME
3.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc.  List types: 1) _____ 2) _____	(Use <u>net</u> income from business)  \$ _____ \$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer.  Check all that apply:  <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime Pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (Reported) <input type="checkbox"/> Cash Tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other Compensation  List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	          \$ _____ \$ _____

	YES	NO		MONTHLY GROSS INCOME
5.	<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do <b>not</b> count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive unemployment benefits.</p> <p>My last day of employment: _____</p>	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, National Guard/Military benefits/income.	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments.	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members aged 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from lottery winnings.	\$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive Public Assistance Income (examples: TANF).</p> <p><b>DO NOT INCLUDE FOOD STAMPS</b></p>	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive child support payments through court order or other agreement.</p> <p>If yes, from how many persons do you receive support? __</p>	<p>(amount received)</p> <p>\$ _____</p>
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments.	<p>(amount received)</p> <p>\$ _____</p>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements.</p> <p>If yes, list sources:</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
16.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	<p>\$ _____</p> <p>(Use <u>net</u> earned income)</p>
17.	<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loan, or other grants scholarships, etc.	<p>\$ _____</p> <p>(amount received)</p>
18.	<input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate Income Status Certification form.	

## ASSET INFORMATION

Include all asset sources, including assets of minors.

	YES	NO		INTEREST RATE	CASH VALUE
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # of accounts held: _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # of accounts held: _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s). (e.g., Apple Pay/Apple Cash, Cash App, PayPal, Venmo, etc.) # of accounts held: _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # of cards held: _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills. If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.). If yes, list bank(s) 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____



	YES	NO		INTEREST RATE	CASH VALUE
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market account(s). # of accounts held: _____ If yes, list sources/bank names 1) _____ % _____ 2) _____ % _____ 3) _____ % _____		\$ _____ \$ _____ \$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Life Insurance Policy (exclude Term Life) having a cash value. If yes, how many? _____ If yes, name of insurance company(ies). _____		\$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
30.	<input type="checkbox"/>	<input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe).		\$ _____
31.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past two years. If yes, list items and date disposed: 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
32.	<input type="checkbox"/>	<input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of Institution: _____ Contents: _____ _____ _____		\$ _____
33.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclosure		\$ _____



	YES	NO		CASH VALUE
34.	<input type="checkbox"/>	<input type="checkbox"/>	I received a federal tax refund or refundable tax credit in the past 12 months.	\$ _____ Amount Received
35.	<input type="checkbox"/>	<input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do <b>not</b> include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	          \$ _____ \$ _____ \$ _____
36.	<input type="checkbox"/>	<input type="checkbox"/>	I am a Student: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time           Name of School: _____	

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE 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 WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Applicant/Tenant

Signature of Applicant/Tenant

Date





## **Tenant Selection Plan**

### **Four Oaks – Hazel Court – Stayton Manor – Wallerwood**

St. Vincent de Paul Property Management provides housing for elderly and disabled families and does not discriminate based on race, color, religion, disability, familial status, national origin or sex (including gender identity and sexual orientation). We ensure equal treatment in admission, access, treatment and employment within our federally assisted programs and activities.

This project is both a Section 8 Project and a Low-income Housing Project and operates under Section 42 guidelines and agreements. 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 in the tenant selection plan outline the criteria for admission to reside at the property. Final approval is contingent upon a review of all verified materials.

#### **Tenant Selection:**

Applicants will be selected in the following order: Preferences in the tenant selection process are given in the following order

- Current tenants with disabilities who have requested a reasonable accommodation for an ADA unit or unit with specific features.
- Applicants from the waitlist, prioritized by date and time, who request a reasonable accommodation for an ADA unit or unit with specific features.
- Households who have been displaced due to disasters such as fire, flooding, and condemnation.
- Applicants from the waitlist, prioritized by date and time.

#### **Occupancy Policy:**

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)**

Occupancy	Minimum	Maximum
1-Bedroom	1-person	3-persons

- Occupancy is based on the number of bedrooms in the unit. A bedroom is defined as a space within the premises that is used primarily for sleeping, with at least one window and a closet space for clothing.

Maximum occupancy is two **(2)** persons per bedroom, plus one person per living space. The minimum allowed occupancy is one **(1)** person per bedroom. Exceptions to this rule shall be made on a case by case basis on a standard of reasonableness.

- As a condition of tenancy, the State and Federal government require that applicants make disclosures prior to tenancy, declaring household composition, student status, and income and assets for all household members. Authorization for release of third party information must be granted. This information will then be re-certified within one calendar year of occupancy. Material misrepresentation of the required information may result in termination of tenancy.

The following individuals may reside in a unit but are not included as household members for the purposes of eligibility determination and income calculations:

- Foster children and Foster adults, Live-in aide, guests

### **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.

### **Eligibility of Students**

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.)

To ensure compliance with the Low Income Housing Tax Credit (LIHTC) program, the following student eligibility criteria must be met:

**Full-Time Student Rule:**

Households entirely comprised of full-time students are generally ineligible for LIHTC housing. A student is defined as an individual who attends school full-time (as defined by the institution being attended) for five (5) or more months in the upcoming twelve (12) months (commencing from the move-in date). Full-time students who work full-time are still considered students

**Exceptions to the Full-Time Student Rule:**

- **Title IV Assistance:** At least one student in the household receives assistance under Title IV of the Social Security Act (e.g., TANF).
- **Foster Care:** At least one student was previously in the foster care program.
- **Single Parent Household:** The household consists of single parents and their children, where neither the parents nor the children are dependents of another individual (except the other parent).
- **Job Training Program:** At least one student is enrolled in a job training program receiving assistance under the Workforce Investment Act or similar programs.
- **Married Students:** The household is comprised of a married couple eligible to file a joint tax return.

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.

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.

**Asset Limitation**

Applicants with net family assets greater than \$100,000 (adjusted annually for inflation by HUD) or who have a present ownership interest in, a legal right to reside in, and the effective legal authority to sell a property that is suitable for occupancy by the family as a residence that does not meet an exemption as described by HUD, will be deemed ineligible. A self-certification will be used during admission and reexamination, to determine if applicants have any present ownership interest in any real property. Assets will not be verified when a declaration from the family states that their net assets do not exceed \$50,000.

Saint Vincent De Paul Property Management has chosen to adopt a policy of total non-enforcement of asset limitations during annual and interim recertifications. This policy ensures that tenants will not be subject to asset limitations as part of their ongoing eligibility.

### **Wait List Procedures:**

#### **There is No applicant screening fee.**

All applicants must submit a completed application to be added to the waiting list. Once received, an application will be evaluated; any application meeting the requirements as stated in the tenant selection plan will be placed on the waiting 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. 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.

Accepted applications are placed on the waitlist in order of the date and time received. Acceptance on the waitlist does not guarantee eligibility for an apartment. Additional screening, as described in the tenant selection plan, will occur when an apartment is offered.

### **Waitlist Purging:**

Owner will apply the following rules when purging the waitlist:

Applicants will contact manager a minimum of once every twelve (12) months to ensure interest. Applicants will notify manager immediately with any changes to contact information, income, or household composition.

After contact made via US mail, applicant will have seven (7) calendar days to respond expressing interest in remaining on waitlist. Non-response to these requests will be grounds for removal from the waitlist and will be unable to remain in their original position. Interested parties are welcome to reapply to the waitlist when it is open and will be added to the waitlist based on preference, date, and time of their most recent application.

Waitlist may be closed if wait time exceeds twelve (12) months.

Waitlist may be open if waitlist is insufficient to fill units for six (6) months.

Your application may be removed from the waiting list for the following reasons:

- At your request
- Management is unable to contact you by telephone when it is your turn to apply for a unit. It is your responsibility to update your contact information when it has changed.
- At the second refusal when offered a unit.
- Applicant was offered and accepted a unit within the complex. Applicant will be removed from all other waiting lists within the complex.

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

**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 50% of the area median income. These income limits vary each year. The managing Agent will have these available.
- Verifiable income can be, but is not limited to: bank accounts, alimony/child support, trust accounts, social security, unemployment, welfare, grants/loans or rental assistance payments. All income sources must be verified.
- Your application will be denied if your source of income cannot be verified.
- Verifying information could take several days to complete. Potential tenants will have anticipated income of all adult persons expecting to occupy the unit verified and included on the application prior to occupancy.
- If potential resident fails to provide income documentation within 5 days of the request by the managing agent, their application will be denied.

**Income Deductions:**

The following deductions may be used to determine the adjusted income of applicants and tenants, which will be used to calculate their rent contribution.

- Elderly Household deduction: A standard deduction of \$525 is allowed for households where the head, spouse, or sole member is 62 years or older or a person with disabilities.
- Unreimbursed Medical Expenses: For elderly and disabled families, unreimbursed medical expenses that exceed 10% of annual income can be deducted. This includes expenses such as insurance premiums, medical and dental costs, prescription and non-prescription medicines, and medical equipment.
- Disability Assistance Expense: Deductible expenses for attendant care or auxiliary apparatus for a disabled family member to enable that person or another family member to work. These expenses must exceed 10% of annual income and cannot exceed earned income of the family members enabled to work.
- Child Care Expense: Reasonable expenses for child care necessary to enable a family member to work, seek employment, or further their education. These expenses must be for children under 13 years of age and must not exceed the amount of income received from employment or education facilitated by the child care.
- Dependent Allowance: A deduction of \$480 will be adjusted annually by inflation for each dependent in the household. Dependents include children under 18, persons with disabilities, or full-time students of any age.

**Child Care Exemption:**

When a household is no longer eligible to claim child care expenses but the household is unable to pay their rent because of the loss of the deduction, the household may apply for the child care hardship exemption.

To be eligible for this exemption, the household must demonstrate the inability to pay rent and that child care is still necessary even though the household member is no longer employed or going to school.

Households seeking a hardship exemption must submit a written statement explaining the financial hardship caused by child care expenses, along with supporting documentation including receipts or statements from the child care provider detailing the cost of child care services.

If it is determined that the household qualifies for a child care hardship exemption, management will promptly notify tenant with written notice and include in the notice when the hardship exemption begins and when it expires. Qualifying exemptions will remain in effect for up to 90 days.

### **Landlord References:**

- Acceptable screening will include twelve months of verifiable positive rental history. A positive landlord reference would include verification that rent was paid 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:**

Landlord will conduct a search of public records to determine whether the applicant or any proposed tenant has been convicted of, pled guilty to or no-contest to a crime. The following shall be grounds for denial of rental application:

- Felony or misdemeanor history related to any household member's eviction from federally-assisted housing for drug-related activity in the past five (5) 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 five (5) 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:

**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.

**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.

**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.

### **Approved:**

- We will not advise applicants/tenant of when to give a 30 day notice to vacate to their landlord.
- Once an applicant is approved they will be notified by phone unless another form of contact has been requested during the application.
- 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.
- 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.
- 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.
- 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.
- 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.

### **Denial Policy:**

Once the applicant screening criteria has been completed and all materials have been evaluated, any application not meeting the above requirements will be denied. In the event that an applicant is denied, 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**

*Applicants who are denied housing at any property within the Saint Vincent de Paul Portfolio will be ineligible to reapply at any property managed by the company for a period of **12 months** from the date of denial, unless they can provide verifiable evidence of a significant change in their circumstances.*

**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, upon approval.

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 in-house 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.

To ensure compliance with the Low Income Housing Tax Credit (LIHTC) program, A qualified household that requests a transfer to a unit in a different building may need to be requalified. A transfer from one building to another building within the same property is allowed, if the property is part of a multiple building election. The transferring household's current income (based on the most recent Tenant Income Certification) does not exceed 140% of the current applicable income limit for their household size. The vacated unit will assume the status the newly occupied unit had just prior to the transfer. The newly occupied unit will remain rent-restricted and the household's tenant file will transfer with them.

If an existing household requests to move from one building to another and the property has not designated a multiple building election, each building is considered a separate project. The existing household must qualify under the Section 42 income limits currently in effect. A new Tenant Income Certification must be completed which third-party verification of household income and assets. Additionally, a new lease must be signed for the new unit.

**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.

### **GRIEVANCE PROCEDURES**

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."

### **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

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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.



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

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

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Jennifer L.  
SVDP Property Management  
PO Box 24608 Eugene, OR. 97402  
Phone: 458-264-1882 Fax 541-550-2809

(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. |
| 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:  |



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- 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.



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



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: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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.