



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 Housing.

In order to apply for the waitlist the Head of Household must be 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: _____
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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: \_\_\_\_\_

Previous Address:

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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 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"/>	I receive Public Assistance Income (examples: TANF). <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
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.	I am a Student:		<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time	

**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 Aster Apartments

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 property operates under Section 202 Supportive Housing for the Elderly program, offering affordable housing to individuals aged 62 or older with very low incomes. Household income verification follows program guidelines based on 50% of the area median income. 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.
- HUD restricts assistance to non-citizens with ineligible immigration status and requires applicants to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status at the time of application. (From U.S. citizens a signed declaration of citizenship. Owners may require verification of the declaration by requiring presentation of a U.S. birth certificate or U.S. passport.)
- SSN Disclosure & Verification Requirements: Each assistance applicant must submit the complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household, as well as documentation (below) to verify each such SSN:

- A valid SSN card issued by the Social Security Administration;
- An original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or
- Such other evidence of the SSN as HUD may prescribe in administrative instructions.

Section 8 assistance shall not be provided to any individual who:

- Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential;
- Is under the age of 24;
- Is not married;
- Is not a veteran of the United States Military;
- Does not have a dependent child;
- Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving section 8 assistance as of \*November 30, 2005.\* (See Definition E in Figure 3-6);
- Is not living with his or her parents who are receiving Section 8 assistance; and
- Is not individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance. (See paragraph 3-33 for verifying parents eligibility.)

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

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.

### **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 three (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 three (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.

**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.

### **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

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



## Assessment of Household Demographics

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Family Name: \_\_\_\_\_

Oregon Housing and Community Services (OHCS) requests the following information to comply with the Housing & Economic Recovery Act (HERA) of 2008, which requires housing finance agencies (HFAs) to collect demographic data from all Low-Income Housing Tax Credit (LIHTC) properties and submit the data to the U.S. Department of Housing & Urban Development (HUD).

Although OHCS would appreciate receiving this information, there is no penalty to households who chose not to. However, all household members must sign and date at the bottom of this form as proof that the option to disclose their demographic information was made available. Adult members will sign/date on behalf of minors.

**Use following Race codes to complete the table below:**

A = Asian	AIND = Asian Indian	ACH = Chinese
AF = Filipino	AJ = Japanese	AK = Korean
AV = Vietnamese	AO = Asian Other	AI = American Indian/Alaskan Native
B = Black/African American	NH = Native Hawaiian/Other Pacific Islander	PNH = Native Hawaiian
PGC = Guamanian or Chamorro	PS = Samoan	PO = Pacific Islander Other
O = Other	W = White	

**Use the following Ethnicity codes to complete the table below:**

H = Hispanic or Latino	N = Not Hispanic or Latino
PR = Puerto Rican	C = Cuban
MAC = Mexican, Mexican American, Chicano/a	O = Another Hispanic, Latino/a, or Spanish Origin

**Disability Status:**

Per the Fair Housing Act, individuals with mental or physical impairments that substantially limit one or more major life activities are considered to have a disability. Please refer to 24 CFR 100.201 for the definitions of mental or physical impairments, as well as other terms commonly referred to within the Act.

**Enter applicable Race and Ethnicity codes for each household member:** (Use additional forms if more space is needed)

Last Name	First Name	Race Code	Ethnicity Code	Disabled Yes / No	Decline (initial)
Example: Kai	Leilani	PNH	N	No	

_____ Signature Head of Household	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date



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>	
<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.