

# Northeast Oregon Housing Authority

Serving Union - Grant - Baker & Wallowa County

**Mailing Address**   **Office Location**

P.O Box 3357   2608 May Lane  
La Grande, OR 97850



**PHONE:** 541-963-5360

800-452-8638

**WEBSITE:** [www.neoha.org](http://www.neoha.org)

**FAX:** 541-963-3682

**TDD:** 541-963-2465

**EMAIL:** [info@neoha.org](mailto:info@neoha.org)

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Dear Housing Choice Voucher Applicant,

Thank you for your interest in the Housing Choice Voucher (HCV) program. Attached you will find the HCV application

Your paperwork may be returned in person, by mail, by fax # (541)-963-3682, or by email at [info@neoha.org](mailto:info@neoha.org).

It is important that all pages are filled out completely and accurately. Double check to make sure all pages have appropriate signatures and are dated.

Once the application has been turned in, please allow our office **10** business days for processing. Once your application has been processed you will receive a letter informing you of your status and/or the need for additional information.

**The waiting list for the Housing Choice Voucher program is 12-18 months.**

If you have any questions or would like to schedule an appointment please feel free to stop by or give us a call at (541)-963-5360 Ext 21.

**NEOHA Staff**



**INCOME (for all family members)**

Income may include but not limited to: Wages, Workers Comp, Self-Employment, Unemployment, Child Support, TANF, Food stamps, General Assistance (SIP), Alimony, Pensions, Monthly Retirements, or Money from Friends / Family. Attach additional sheets if needed.

TYPE OF INCOME (SOURCE)	WHICH FAMILY MEMBER RECEIVING	GROSS MONTHLY INCOME

WHICH COUNTY WAITING LIST WOULD YOU LIKE TO BE ON? CIRCLE ALL THAT APPLY:  UNION  BAKER  GRANT  WALLOWA

- Are you or your spouse/significant other a veteran?  Yes  No
- Is there a part-time or full-time student in the household?  Yes  No  
 -If yes, please list names of students: \_\_\_\_\_
- Do you require a handicapped accessible unit?  Yes  No
- Do you require a ground floor unit but NOT a handicapped accessible unit?  Yes  No  
 -If yes, why? \_\_\_\_\_
- Do you have any special needs which would require our knowledge and attention?  Yes  No  
 -If yes, please provide description, use a separate page if necessary \_\_\_\_\_
- Do you require an interpreter?  Yes  No  
 -If yes, in which language? \_\_\_\_\_
- Is any household member over the age of 62 and receiving HUD rental assistance as of 1/31/2010 who does NOT have a Social Security Number?  Yes  No  
 -If yes, provide name of household member \_\_\_\_\_
- Is anyone in the household required to register as a lifetime sex offender in any state?  Yes  No  
 -If yes, provide name of household member \_\_\_\_\_ Where? \_\_\_\_\_

**CURRENT LIVING INFORMATION:** MONTHLY RENT \$ \_\_\_\_\_

TYPE OF DWELLING: (where you live now)  HOUSE  APARTMENT  DUPLEX  MOBILE HOME \_\_\_\_\_  
 CHECK ONE:  RENTING  BUYING  LIVING WITH FAMILY/FRIENDS  OTHER (explain) \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR RENTAL ASSISTANCE PROGRAM? \_\_\_\_\_

THE ABOVE INFORMATION IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION MADE MAY BE

\_\_\_\_\_  
 GROUNDS FOR REJECTION OF MY APPLICATION FOR HOUSING WITH NORTHEAST OREGON HOUSING AUTHORITY. I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSES OF VERIFYING THE STATEMENTS MADE HEREIN. I ALSO UNDERSTAND THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY.

**APPLICATION MUST BE SIGNED BY ALL ADULT FAMILY MEMBERS** (HEAD OF HOUSEHOLD FIRST)

\_\_\_\_\_  
 HEAD OF HOUSEHOLD SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 OTHER ADULT 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:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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## IMPORTANT NOTICES

**Please report changes in contact information, family composition, or income to NEOHA in Writing.**

### ***REASONABLE ACCOMMODATION***

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize NEOHA programs and services, please contact NEOHA to obtain a Reasonable Accommodation Request form at 541-963-5360.

### ***PENALTIES FOR MAKING FALSE OR FRAUDULENT STATEMENTS***

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, the PHA, and any owner (or any employee of HUD, the PHA, 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 information may bring civil action for damages, and seek other relief as may be appropriate against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 42 U.S.C. 408 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

### ***NORTHEAST OREGON HOUSING AUTHORITY STATEMENT OF NONDISCRIMINATION***

The Northeast Oregon Housing Authority does not discriminate against any person because of disability, race, color, religion, sex, marital status, familial status, national origin, sexual orientation, gender identity, source of income, and/or domestic partnership in accessing, applying for, or receiving assistance, or in treatment or employment in any of its programs and activities. All public meetings are held in accessible locations. Appropriate aids (e.g. assistive listening system, interpreters, readers, assistance filling out forms) will be provided upon request. Complaints regarding accessibility of the Authority's programs for individuals with disabilities can be submitted in writing to Northeast Oregon Housing Authority, P.O. Box 3357, La Grande, OR 97850. The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, disability, familial status, national origin, lesbian, gay, bi-sexual, and transgender individuals. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

### **PRIVACY ACT NOTICE**

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or denial of eligibility.