



La Creole Townhomes Limited Partnership
 204 S.W. Walnut Avenue, Dallas, OR 97338
 Phone (503) 623-8387 • Fax (503) 623-6907 • VRS (877) 326-3877
 www.wvpha.org



NOTE: Address changes must be submitted in writing within 10 days of the change.

**LACREOLE TOWNHOMES
 PRE-APPLICATION**

FOR OFFICE USE ONLY RECEIVED
DATE:
TIME:
BY:
PH BR SIZE:

Head of Household Name: _____
Last First MI

Street Address: _____
Apt # City State ZIP

Mailing Address: _____
(If different than street address) Apt # City State ZIP

Phone Number: _____
Home Cell Message/Work

Providing race and ethnic information is optional, will not be used to determine eligibility and is for statistical purposes only.

RACE OF HEAD OF HOUSEHOLD: [] African-American / Black [] Asian [] Native American / Alaskan Native
 [] Caucasian / White [] Hawaiian / Other Pacific Islander

ETHNICITY OF HEAD OF HOUSEHOLD: [] Hispanic / Latino [] Non-Hispanic / Non-Latino [] Choose Not to Select

FAMILY INFORMATION, INCLUDING HEAD OF HOUSEHOLD

	LAST NAME	FIRST NAME	RELATION TO HEAD	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

INCOME INFORMATION

AMOUNT OF INCOME	SOURCE OF INCOME	NAME OF PERSON

BE SURE TO COMPLETE BOTH SIDES OF FORM



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Would any family member require or benefit from a unit specifically designed for individuals with disabilities? [] YES [] NO If yes, please specify type of unit, such as: wheelchair access, hearing or sight impaired, etc.: _____

What is the name of the household member with disabilities? _____

Do you currently receive rental assistance? [] YES [] NO If yes, from whom? _____

Has any member of your household ever been evicted from Public Housing or other assisted housing programs within the last three (3) years? [] YES [] NO If yes, list the name of the agency or other assisted housing program and the date you were evicted? _____

Documentation may be requested from you to verify dates and locations. However, this does not automatically disqualify you from being assisted with any low-rent housing program.

A willful misrepresentation or omission of a material fact in this pre-application can be cause for rejection of this pre-application.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE



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REQUEST FOR REFERENCES

In order to complete your eligibility for Low-Rent Public Housing, you must provide **COMPLETE** information regarding your current and past rental history and professional reference contact information.

West Valley Housing requires a minimum of two (2) good landlord references or four (4) good professional references from different agencies, or a combination of both, for EACH adult household member.

Failure to provide complete and accurate information may result in insufficient information to determine suitability for tenancy.

NOTE: FAMILY AND FRIENDS WILL NOT BE ACCEPTED AS REFERENCES

CURRENT HOUSING INFORMATION:

Current Address: _____
 Street Address (include apartment number, if applicable) City State ZIP
 How long have you lived at this address? _____ Date of Occupancy? _____
 Do you have a rental or lease agreement in your name? [] YES [] NO
 Is eviction action now pending against you? [] YES [] NO
 If yes, for what reason? _____
 Current Landlord's Name: _____
 Landlord's Address: _____
 Street Address City State ZIP

PREVIOUS HOUSING INFORMATION:

1. Previous Address: _____
 Address (include apartment number, if applicable) City State ZIP
 Dates of Occupancy: From _____ To _____
 Did you have a rental or lease agreement in your name? [] YES [] NO
 Was there an eviction action against you in this unit? [] YES [] NO
 If yes, for what reason? _____
 Current Landlord's Name: _____
 Landlord's Address: _____
 Address City State ZIP

2. Previous Address: _____
 Address (include apartment number, if applicable) City State ZIP
 Dates of Occupancy: From _____ To _____
 Did you have a rental or lease agreement in your name? [] YES [] NO
 Was there an eviction action against you in this unit? [] YES [] NO
 If yes, for what reason? _____
 Current Landlord's Name: _____
 Landlord's Address: _____
 Address City State ZIP



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PROFESSIONAL REFERENCES:

Professional references, such as an **employer, supervisor, social worker, parole or probation officer, teacher, religious clergy, doctor or other business associate**, may also be submitted to determine suitability for tenancy.

NOTE: FAMILY AND FRIENDS WILL NOT BE ACCEPTED AS REFERENCES

Professional Reference Name: _____ Relationship: _____
 Address: _____ Years Known: _____

 City State ZIP

Professional Reference Name: _____ Relationship: _____
 Address: _____ Years Known: _____

 City State ZIP

Professional Reference Name: _____ Relationship: _____
 Address: _____ Years Known: _____

 City State ZIP

Professional Reference Name: _____ Relationship: _____
 Address: _____ Years Known: _____

 City State ZIP

GENERAL INFORMATION:

Has any household member ever vacated a rental unit leaving rent or other costs owed? [] YES [] NO
 If yes, explain: _____

Does any household member have a pet? [] YES [] NO
 If yes, type of animal? _____

Does any household member have an approved assistance animal? [] YES [] NO
 If yes, type of animal? _____

APPLICANT DELCARATION:

I hereby certify that the above information is true and complete to the best of my knowledge and will be used by West Valley Housing Authority for the purpose of determining my household's eligibility for tenancy in a public housing property.

 Signature of Head of Household

 Date

 Signature of Spouse or Co-Head

 Date



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WEST VALLEY HOUSING AUTHORITY BASIC AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, business, or individual to release to WEST VALLEY HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Low-income Public Housing, and/or other WEST VALLEY HOUSING AUTHORITY-administered housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding myself or members of my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- *Identity and Marital Status
- *Employment, Income, and Assets
- *Medical Expenses or Child Care Allowances
- *Residences and Rental Activity
- *Credit and/or Criminal Activity
- *Ability to comply with rental agreement

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending upon specific program requirements) include but are not limited to:

- | | | |
|----------------------------------|--|--|
| Previous Landlords | Northwest Human Services | Past & Present Employers |
| Public Housing Agencies | Oregon Dept. of Human Services-CPS | Banks & other Financial Institutions |
| Courts & U.S. Post Offices | Oregon Dept. of Human Services-SS | Polk County Mental Health |
| Schools & Colleges | Oregon Dept. of Human Services-CS | Polk County Mental Health-Addiction Services |
| Law Enforcement Agencies | Marion County Mental Health | Utility Companies |
| Veterans Administration | Northwest Senior & Disability Services | Welfare Agencies |
| State Unemployment Agencies | Polk County Behavioral Health | Credit Providers & Credit Bureaus |
| Social Security Administration | Polk County Community Corrections | Life Insurance Companies |
| Medical and Child Care Providers | Investment Companies | |
| Retirement Systems | Local Mental Health Agencies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

_____ Signature - HEAD OF HOUSEHOLD	_____ (Print Name)	_____ Date
_____ Signature - OTHER ADULT	_____ (Print Name)	_____ Date
_____ Signature - OTHER ADULT	_____ (Print Name)	_____ Date
_____ Signature - OTHER ADULT	_____ (Print Name)	_____ Date