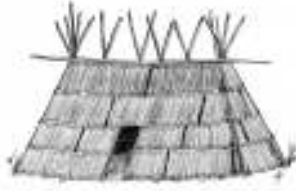


Internal Use Only

Date/Time Received	Staff Signature
Notes: LIHTC only / LR only	Date Eligibility Letter Sent



Umatilla Reservation Housing Authority

51 Umatilla Loop, Pendleton, OR 97801
(541) 276-7544 main (541) 276-7255 fax (888) 482-4641 toll free

Rental Application

Please complete all information.

Name _____ Date of Application _____

Present Address _____
Street City State Zip

Phone # _____ Cell # _____ Message # _____

Name of person through whom we may reach you:
NAME _____ Phone # _____

ADDRESS _____

1. PLEASE INDICATE YOUR TRIBE/ ENROLLMENT NUMBER _____

2. ARE YOU A VETERAN? _____ YES _____ NO

3. SPECIAL NEEDS:

a. Does any family member have special needs _____ YES _____ NO
(For example: Handicap railings, showers, ramps, doors, etc...)

If YES - Please describe _____

ATTENTION APPLICANT: YOUR APPLICATION NEEDS TO BE UPDATED EVERY YEAR. IF WE CANNOT LOCATE YOU WHEN A UNIT BECOMES AVAILABLE, YOUR APPLICATION WILL BE CONSIDERED INELIGIBLE AND REMOVED FROM THE WAITING LIST COMPLETELY. YOUR APPLICATION WILL THEN BE MOVED TO INACTIVE STATUS FOR UP TO 3 YEARS BEFORE WE DISCARD IT.

4. FAMILY COMPOSITION

List below all persons who will be living in the home with you. List all ages, birthdates, sex, relationship to the head of household, and social security numbers, and birth place.

	Full Name	Birth Date	Age	Sex	Social Security Number	Relation to Head of Household	Birth Place
1.						<i>Head of Household</i>	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

5. TOTAL FAMILY INCOME

List all gross income (before deductions) of each family member who will be living in your home.

Name	Occupation	Source of Income	Amount Per Hr./Wk. or Month	Total Annual Income

Please list all family members, tribe and enrollment number:

Name _____ Tribe _____ Number _____
 Name _____ Tribe _____ Number _____

Name _____ Tribe _____ Number _____
Name _____ Tribe _____ Number _____
Name _____ Tribe _____ Number _____

6. PRESENT HOUSING CONDITIONS AND NEEDS

a. Are you currently without housing? _____YES _____NO

If yes, please state reason and what your current living arrangements are: _____

b. Number of persons living in current living arrangement in addition to your family: _____

c. How long have you lived at this location _____

d. Did you move here from: (1) _____ Off the Reservation
(2) _____ Outside Umatilla County

e. Are you about to be without housing? _____YES _____NO
If yes, please state reason and the effective date. _____

f. Living under substandard conditions? _____YES _____NO

If yes, please check the correct substandard conditions:

- _____ Dwelling structure unsafe.
- _____ No operable indoor plumbing.
- _____ No usable flush toilet in dwelling.
- _____ No usable tub or shower in dwelling.
- _____ Should have but does not have a kitchen.
- _____ Inadequate or unsafe heating facilities.
- _____ Inadequate or unsafe electrical system.

g. Are there any unusual factors or conditions that should be considered in reviewing your application? _____YES _____NO

If yes, please explain _____

h. Have you previously resided in any housing or project operated by the Umatilla Reservation Housing Authority? _____YES _____NO

If yes, please give dates. From _____ To _____

Reason for leaving _____

Do you owe any money to URHA? ____ YES ____ NO
Amount \$ _____

READ BEFORE SIGNING:

1. It is your responsibility to keep housing updated of any changes to your application.
2. When we receive your application, it will be date/time stamped. You have the right to request a copy of your application.
3. Your application needs to be updated every year. If we cannot locate you when a unit becomes available, your application will be considered ineligible and removed from the waiting list completely. Your application will then be moved to inactive status for up to 3 years before we destroy.

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have read and understand the conditions of the application process and have no objections to inquiries made for purposes of verifying the statements herein. **Application must be signed by head of household and all other adult members.**

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____