



NORTH BEND CITY / COOS-CURRY HOUSING AUTHORITIES

1700 MONROE STREET, NORTH BEND OR 97459 • TELEPHONE: 541-756-4111 • FAX: 541-756-4990

TOLL FREE: 1-877-897-9349 • Oregon Video Relay Service: 1-866-327-8877

HOUSING CHOICE VOUCHER PRE-APPLICATION



NOTE: Address changes must be submitted in writing within 30days of the change.

FOR OFFICE USE ONLY
RECEIVED

DATE:

TIME:

BY:

Head of Household Name: _____
LAST FIRST MI

Street Address: _____
APT# CITY STATE ZIP CODE

Mailing Address: _____
CITY STATE ZIP CODE

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	SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1						
2						
3						
4						
5						
6						

INCOME INFORMATION

AMOUNT OF INCOME PER MONTH	SOURCE OF INCOME	NAME OF PERSON RECEIVING THE INCOME

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.

X _____
SIGNATURE OF HEAD OF HOUSEHOLD

DATE