



NORTH BEND CITY/COOS-CURRY HOUSING AUTHORITIES

1700 Monroe St. • North Bend, OR 97459 • Office: 541-756-4111 • Toll-Free: 1-877-897-9349
Oregon Video Relay Service: 1-866-327-8877

NOTE: Please report in writing any change of address immediately to:

Housing Authority
1700 Monroe
North Bend, OR 97459

NORTH BEND PUBLIC HOUSING



FOR OFFICE USE ONLY
RECEIVED

DATE:

TIME: BY:

PH BR size:

Reasonable Accommodation:
 Yes No

Head of Household Name: _____
LAST FIRST MI

Head of Household's Social Security Number: _____

Street Address: _____
APT # CITY STATE ZIP CODE

Mailing Address: _____
CITY STATE ZIP CODE

Telephone Number: _____
HOME WORK / OTHER

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 (TO INCLUDE HEAD OF HOUSEHOLD)

	LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATION TO HEAD	SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1				HEAD			
2							
3							
4							
5							
6							
7							
8							

Do you currently receive rent assistance? Yes No If yes, from whom? _____

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 person with disabilities: _____

How did you find out about today's wait list openings? _____

INCOME INFORMATION

AMOUNT OF INCOME PER MONTH	SOURCE OF INCOME	NAME OF PERSON RECEIVING THIS INCOME
\$		
\$		
\$		

Have you or 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, from where were you 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.

I acknowledge receipt of a copy of this pre-application.

X

SIGNATURE OF HEAD OF HOUSEHOLD

DATE