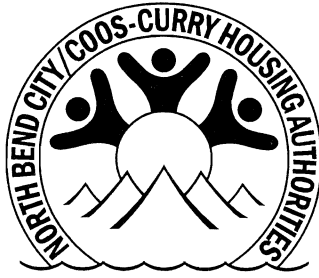




# NORTH BEND CITY/COOS-CURRY HOUSING AUTHORITIES

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

## POWERS HOUSING



FOR OFFICE USE ONLY RECEIVED	
DATE:	
TIME:	BY:
PH BR size:	
Reasonable Accommodation:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Housing Authority  
1700 Monroe  
North Bend, OR 97459

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