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

WOODLAND APARTMENTS (WAPI)

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

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