



Palmer Creek  
 206 Mill St  
 Office: 995 Ferry St #102  
 Dayton, OR 97114  
 503-864-4292



**HAYC RD RENTAL APPLICATION**

**PLEASE COMPLETE ALL AREAS OF THIS APPLICATION.  
 IF ANY QUESTION DOES NOT APPLY TO YOU, PLEASE WRITE "N/A" IN THAT SPACE.  
 ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.  
 IF IT IS NOT COMPLETE, WE CANNOT PROCESS IT OR PUT YOU ON OUR WAITING LIST.  
 YOU MUST SIGN AND DATE THE LAST PAGE.**

**GENERAL INFORMATION:**

Date: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Present Employer: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List each person who would live with you. Start with the head of household.

Name Last/First/M.I.	Relationship To Head	Sex	Date Of Birth	Age	Occupation	Social Security Number
	HEAD					

**For Management Use Only**

Application Received  Date: _____ Time: _____ Contact: _____	Contact Date & Time: _____

**RENTAL HISTORY:**

Number of bedrooms in current unit: \_\_\_\_\_ Do you \_\_\_\_\_ Rent? \_\_\_\_\_ Own?

Amount of current \$ \_\_\_\_\_ Rental Payment \$ \_\_\_\_\_ Mortgage Payment

If you own – Do you receive rental income from property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you living with a relative/friends? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please certify that the unit will serve as your households' primary residence:

Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Bedrooms requested: \_\_\_\_\_ 1 \_\_\_\_\_ 2

Please indicate if a need exist for a handicap accessible unit and or handicap:

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list all addresses where you lived within the last five years.**

Current address \_\_\_\_\_  
Street Number/Name Apt. # City State Zip Code

Landlord Name/Address: \_\_\_\_\_

Dates Rented: From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_

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Previous address \_\_\_\_\_  
Street Number/Name Apt. # City State Zip Code

Landlord Name/Address: \_\_\_\_\_

Dates Rented: From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_

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Previous address \_\_\_\_\_  
Street Number/Name Apt. # City State Zip Code

Landlord Name/Address: \_\_\_\_\_

Dates Rented: From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Are you or any member of your household using an illegal substance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you or any member of your household ever been convicted of any crime, other than traffic violations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

\_\_\_\_\_

Is any member of your household on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the name  
and phone number of the Probation Officer: \_\_\_\_\_

Has any household member used alcohol or drugs within the last 3 years to the degree that it has caused a  
problem? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the household member's name:

\_\_\_\_\_

Have you or any member of your household ever been convicted of drug use, manufacture of drugs, or any  
other felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the household member's name and describe:

\_\_\_\_\_

Have you or any member of your household ever been evicted from any housing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list the household member's name and describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe:

\_\_\_\_\_

Are any household members temporarily or permanently absent? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes,  
please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any regular overnight guests who spend more than 2 nights a month? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list guest's names and explain: \_\_\_\_\_

\_\_\_\_\_

Is any household member in need of a unit with special features to accommodate the special needs of  
his/her disability? Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your reasons for applying for an apartment in this complex: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PETS:**

Do you have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No If you do, please list the breed, color, name, sex, and age of the pet, and whether or not it has been neutered.

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**Credit References:**

Name:	Address:	Phone Number:	Account Number:

**Personal Non-related references:**

Name:	Address:	Phone Number:	Relationship:

**Emergency Contact Information:**

Name:	Address:	Phone Number:	Relationship:

**Vehicle Information:**

Type of Vehicle	Year/ Make:	Color:	License Plate Number

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**HOUSEHOLD INCOME: Give the gross amount – the amount BEFORE any taxes are taken out.**

**Income for all household members:** Fill in **ALL** spaces. If not applicable, write "N/A".

Social Security (Self)	\$_____ per month	Unemployment benefits	\$_____ per week
Social Security (Other)	\$_____ per month	Child Support	\$_____ per month
SSI	\$_____ per month	Educational Grant	\$_____ per quarter
V.A. Pension	\$_____ per month	Self-Employment	\$_____ per month
Other Pension	\$_____ per month	Public Assistance	\$_____ per month
Wages	\$_____ per month	Other _____	\$_____ per month

Is any household member participating in a training program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is any household member working through JOBS+ program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of household member \_\_\_\_\_

Date program will be completed: \_\_\_\_\_

Does any household member regularly receive monetary or non-cash contributions from persons outside the household? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please check the type of contribution made and list the name of the contributor:

\_\_\_\_\_ Rent \_\_\_\_\_

\_\_\_\_\_ Utilities \_\_\_\_\_

\_\_\_\_\_ Groceries \_\_\_\_\_

\_\_\_\_\_ Clothing \_\_\_\_\_

\_\_\_\_\_ Household Supplies \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT:**

Family Member: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

\_\_\_\_\_ Hours per week: \_\_\_\_\_

City/State/Zip Gross Income \$ \_\_\_\_\_ Hour / Week / Month

Family Member: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

\_\_\_\_\_ Hours per week: \_\_\_\_\_

City/State/Zip Gross Income \$ \_\_\_\_\_ Hour / Week / Month

**HOUSEHOLD ASSETS:** List all Assets held by any household member:

Type of Asset	Value/Balance	Name of Bank/Broker/Company	Income from Asset
Savings Account			\$_____ per month/qtr/year
Checking Account			\$_____ per month/qtr/year
Money Market Account			\$_____ per month/qtr/year
Stocks/Bonds/Annuities			\$_____ per month/qtr/year
Real Estate/Rental Property			\$_____ per month/qtr/year
IRA/KEOGH/Retirement			\$_____ per month/qtr/year
Trust (Is trust irrevocable?)			\$_____ per month/qtr/year
Life Insurance (cash value)			\$_____ per month/qtr/year
Other _____			\$_____ per month/qtr/year

Have you sold or disposed of any property in the last 2 years? Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, type of property: \_\_\_\_\_ Market Value: \_\_\_\_\_

Amount sold/disposed for: \$ \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

Have you disposed of any other assets in the last 2 years? (For example: Given away money to relatives or set up Irrevocable Trust Accounts.) Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe asset: \_\_\_\_\_

Amount disposed of: \$ \_\_\_\_\_ Date of Disposition: \_\_\_\_\_

**MEDICAL EXPENSES:**

Do you have any medical insurance policies?

Yes \_\_\_\_\_

No: \_\_\_\_\_

Do you have Medicare coverage?

Yes \_\_\_\_\_

No: \_\_\_\_\_

Please list them below:

Insurance Company	Address	Policy #	Monthly/Qtrly/ Annual Prem.

Are you making regular payments to any doctor/dentist or medical/dental facility? \_\_\_\_\_ Yes No: \_\_\_\_\_

Please list them below:

Doctor/Dentist Medical/Dental Facility	Address	Phone #	Amount of Monthly Pmt.

If you need more space, please list additional expenses on a separate piece of paper and submit with this packet.

**Prescriptions:**

Pharmacy Name and Address: \_\_\_\_\_  
 \_\_\_\_\_

Average Spent \$ \_\_\_\_\_ per Week/Month/Year

**OR - Provide a computer printout from your pharmacy showing the past 12 months' expenses.**

Do you anticipate any expenses for auxiliary equipment or attendant care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much? \$ \_\_\_\_\_

## CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

## AUTHORIZATION

I/We do hereby authorize the Housing Authority of Yamhill County (HAYC) and its staff or authorized representative to contact any agencies, local police departments, offices, groups, or organizations, to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by HAYC.

### Signatures

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Manager

\_\_\_\_\_  
Date

"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA program Discrimination Complaint Form (PDF), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)"



**STATISTICAL INFORMATION**

The information regarding race, ethnicity, and sex designation solicited on this application is requested to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information; however, you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY:

\_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Not Hispanic/Latino

RACE:

- 1. \_\_\_\_\_ American Indian / Alaska Native
  
- 2. \_\_\_\_\_ Asian
  
- 3. \_\_\_\_\_ Black / African American
  
- 4. \_\_\_\_\_ Native Hawaiian / Pacific Islander
  
- 5. \_\_\_\_\_ White

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_