

Central City Concern ADFC Housing Pre-Application

Housing Administration 523 NW Everett St. Portland, OR 97209 Mailing: 232 NW Sixth Ave Portland, OR 97209 Phone: (503) 525-8483 Fax: (503) 228-1696

DATE:

Rose Wood

Applicants must provide complete identifying information below to be placed on the ADFC subsidized housing waitlist. Incomplete forms will not be added to the waitlist. Please see the Building Criteria sheet for additional information and building requirements.

Last	First				Middle	
Mailing Address:					_ Unit #_	
City:		State:	Z	ip:		
Phone number:	SSN:		Date	of Birth	:	
lave you lived in Central City Concern housi	ng before:	:	No	Yes		
If yes, where:			When:			
Have you been convicted of a felony: No						
If yes, explain briefly:						
Did an agency/case manager refer you to CC	C: No	Yes				
If yes, name:	Agency	y:	Ph	one:		
Do you currently lease, rent, or own housing					Yes	
Current monthly income from all sources (ex	cluding fo	od stamps):	Ś			
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I have read and understand the Building Criteria for the Rose Wood:

(applicant initials)

APPLICANT: READ CAREFULLY

Housing notifies waitlist applicants by mail when they near the top of the waitlist. <u>Waitlist applicants must</u> respond in person to Housing to notification to avoid being removed from the waitlist. It is waitlist applicant's responsibility to notify Housing of mailing address changes using the Address Change form for this building.

It is waitlist applicant's responsibility to review the Building Criteria and ensure he/she meets or will meet the criteria prior to move-in.

I certify the facts on this Pre-Application are true and complete. Providing false information will result in removal from the waitlist. I agree a complete investigation of all information reported on this Pre-Application and my subsequent application will not be an invasion of my privacy.

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ADD	licant	Signature	