

## **Central City Concern ADFC Housing Pre-Application**

Sally McCracken

**Housing Administration** 523 NW Everett St. Portland, OR 97209 Mailing: 232 NW Sixth Ave

OFFICE USE ONLY! ID

NAME:

DATE:

Portland, OR 97209 Phone: (503) 525-8483 Fax: (503) 228-1696

Applicants must provide complete identifying information below to be placed on the ADFC subsidized housing

waitlist. Incomplete forms will not be add ant Selection Plan for a	ded to the waitlist. Please dditional information and		
<u>Applicant</u>	: Information (Please pr	rint legibly)	
Name:			
Last	First		Middle
Mailing Address:			Unit #
City:	State:	Zip:	
Social Security Number:	Date of Birth:		
Have you lived in Central City Concern ho	ousing before?	□ <sub>No</sub>	□ <sub>Yes</sub>
If yes, where:	: When:		
Have you been charged with or convicted of any crimes: $\square_{No}$ $\square_{Yes}$			
If yes, explain briefly:			
Did an agency/individual refer you to CC	C □ <sub>No</sub> □ <sub>Yes If so, wh</sub>	nat/who:	
The Sally McCracken is a building of Pr to bec	roject-Based units, and come tenants in the bu		neet certain criteria
I have read and understand the Building Criteria for Sally McCracken:			
(applicant initials)			
APPLICA	NT: READ CAREFU	ILLY	
CCC Housing notifies waitlist applicants by must respond in person to Housing to not applicant's responsibility to notify Housing this building.	ification to avoid being	removed from the w	<u>vaitlist</u> . It is waitlist

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.

Applicant Signature Date