

# LAUREL GROVE AND LAUREL COURT APARTMENTS

## INITIAL SCREENING APPLICATION

### EUGENE SITES I WILL ACCEPT:

 Laurel Grove, 1880 Cleveland Street

 Laurel Court, 3420 Jacobs Lane

**HEAD OF HOUSEHOLD:**

NAME (Last, First, Middle)	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER
<b>Phone #</b>	<b>Email</b>		

**ADDITIONAL HOUSEHOLD MEMBERS:** List the family members (if any) who will be living with you

NAME (Last, First, Middle)	DATE OF BIRTH	GENDER	RELATIONSHIP

<b>Do you have a disability that qualifies you for residence at this subsidized unit?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If yes, with whom should we verify your disability?</b>		
Provider:	Street Address:	
Phone #:	City, State, Zip:	

<b>Do you or a household member need an accessible unit?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If yes, can you provide verification?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>CURRENT ADDRESS</b>	
Street Address:	Rent Amount:
City, State, Zip:	Landlord:
Length of residency:	Landlord Phone #:
Mailing Address (if different than above):	
City, State, Zip:	

<b>Best method of contact?</b>	<input type="checkbox"/> Self <input type="checkbox"/> Alternate Contact:
<b>For alternate contact, may we leave a message?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>PREVIOUS ADDRESS</b>	
Street Address:	Rent Amount:
City, State, Zip:	Previous Landlord:
Dates of residency:	Previous Landlord Phone #:

**INCOME:** List sources and amounts of ALL household income

SOURCE (Employment, SSI/SSDI, TANF, family/friends, etc.)	HOUSEHOLD MEMBER	AMOUNT

Are you currently living in subsidized housing?  YES  NO

Have you ever been evicted from subsidized housing?  YES  NO

If yes, please provide the following:

Dates of residency: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Site/Complex Name: \_\_\_\_\_

Landlord/Agency: \_\_\_\_\_

Are you and all of your household members U.S. citizens?  YES  NO

Are you currently using or selling illegal drugs?  YES  NO

If you drink alcoholic beverages, is there reason to believe that your consumption of alcohol will interfere with the health, safety, or peaceful enjoyment of the property by other tenants?  YES  NO

Are you required to be registered with the State Sex Offender Registration program?  YES  NO

Where did you hear about these apartments? (Advertisement, Social Media, Person or Agency, etc.)

\_\_\_\_\_

The following preferences for priority services will be applied at the time housing is available. Check ALL of the circumstances that presently apply to you. Please notify us of any relevant changes.

- I am currently receiving services at Laurel Hill Center.
- I am living in a more restrictive setting than needed (example: in a group home or foster care).
- I am living in substandard housing.
- I am unhoused and staying in a place not meant for habitation.
- I am being involuntarily displaced (this applies to anyone in a shelter or in safe housing).
- I am paying more than 50% of my income toward rent.
- I am staying with friends or relatives without a place of my own.

**Laurel Grove and Laurel Court Apartments are smoke-free units. Smoking, vaping, or use of tobacco products is prohibited by you and/or your guests at all times while inside the units or any structures on the property. Smoking is only permitted in outside, designated areas at each property.**

After reading the following certification, please sign below to indicate you understand and agree to it

**CERTIFICATION:** The information provided on this pre-application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to eviction (if falsehood is discovered after move-in), or to criminal prosecution. I understand that admission to this site is conditioned upon eligibility criteria by federal law, rules set by this site's tenant selection plan, and my payment of applicable security deposit in advance of move-in. I understand that, should I be accepted for admission, I must not maintain any other residence anywhere after move-in. I further understand that this information will be verified and that I **MUST** keep the application current by notifying Laurel Hill Center of changes in address and preferential status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete HUD form 27601-H - the Race and Ethnic Data Reporting Form **EQUAL HOUSING OPPORTUNITY**

**Return to Laurel Hill Center, HUD Property Management Team, 2145 Centennial Plaza, Eugene, OR 97401**