

Housing Process

- **Application Process**
 - Client fills out application and gives completed application to their Primary Counselor
 - Primary Counselor dates and initials application and gives application to Housing Coordinator
 - If applicant qualifies then the applicant is interviewed by the housing coordinator and the housing manager
 - Housing coordinator verifies all income by 3rd party and calculates yearly income
 - Interview should happen around 2-3 weeks before graduation. We cannot hold apartments or rooms for longer
 - Interview notes and recommendations from housing coordinator and housing manager are taken to the Executive director, and a decision is made
 - Deposit must be paid by tenant before paperwork can be signed.
 - Counselors must provide a recovery action plan, relapse prevention plan and Treatment summary to the housing coordinator
- **Tenant Selection Plan**
 - Applicant must be under 30% median income (\$11,600 1 person \$13,250 2 person \$14,900 3 people) to qualify for housing (except Rusty's and La Casa Vida applicants for these houses must be under 50% median income- \$19,350 1 person \$22,100 2 people, \$24,850 3 people)
 - Applicants must have recently (within 6 months) successfully graduated Alcohol and Drug Treatment
 - Applicants that do not move in directly from treatment have to submit a clean UA before approval
 - If the applicant has had been convicted of any crimes of a sexually nature or felony assault they will not be accepted into housing.
 - EOAF follows all Fair Housing Laws and HUD requirements.
- **Tenant requirements after move in**
 - Tenants must attend 3 community support meetings a week
 - Tenants must follow all outpatient treatment services recommendations
- **La Casa Vida description**
 - 5 bedroom men's transitional house kids can visit but cannot live there
- **Rusty's House**
 - 7 room women's transitional housing
 - 2 kids per tenant due to room size
- **Multi-Family**
 - 3 two bedroom apartments for families (state law is 2.5 people per room)
 - 2 three bedroom apartments for families (state law is 2.5 people per room)
- **New Visions**
 - 5 two bedroom apartments for single parents (state law is 2.5 people per room)

Eastern Oregon Alcoholism Foundation

Application for Alcohol & Drug Free Housing

Please Type or Print in Ink

HOUSING APPLIED FOR:	DATE:	
(La Casa Vida, Rusty's, Multi Family, New Vision)		

PERSONAL INFORMATION

NAME (LAST, FIRST, MI)	OTHER NAMES USED	
MAILING ADDRESS	CELL / HOME PHONE	
CITY, STATE, ZIP CODE	WORK PHONE	
HOW LONG AT PRESENT ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CO APPLIANT NAME(S)	CO APPLICANT DOB	CO APPLICANT SSN

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Address _____

Other Nearest Relative Not Living With You

Name _____ Phone _____ Address _____

INCOME

Include all income (Wages, SSI, TANF, Social Security, child support, dividend payments, unemployment....)

Source of Income	Amount of Income	How Often Received? (Weekly, Monthly, Bi Monthly..)

If you have no income, how will you support yourself? _____

FAMILY

Marital Status: Single Married Separated Divorced Widowed

Do you have Children? Yes No If yes, how many? _____

FAMILY / OCCUPANCY

List all persons that will occupy the unit with you and their information.

Name	Sex	Age	How is This Person Related to You?

List all your *children* that *will not* occupy the unit with you and their information.

Name	Sex	Age	How is This Person Related to You?

What are your plans regarding your children who live with, or do not currently live with you?

If minor children live with you, who has legal physical/residential custody? _____
(Self, Parents, Mother, Father, DHS, Grandparent, Other)

Do you have any other information regarding family that would be helpful for us to know?

MEDICATIONS

Are you currently taking any medications? Yes No
(Notice: All transitional housing will keep narcotics in a double lock system.)

If yes, please list medications: _____

TREATMENT

Are you currently in treatment? Yes No

If yes, where? _____ Graduation Date: _____ Counselor _____

Primary Drug Used _____ Secondary Drug Used _____

IV Drug Use: () Yes () No Other Drug Use Info: _____

HEALTH / SPECIAL NEEDS / CONTACTS

Do you or anyone who will occupy the unit have any significant health problems, physical impairments, mental health or any special needs? (Please list name and need)

Are you pregnant? () Yes () No
Due Date: _____

Do you have anyone who may pose a threat or safety issue? () Yes () No

If yes,

Name Relationship

Address City, State, Zip

DHS Caseworker Phone

Probation Officer Phone

Did you obtain Probation Officer's permission to move in? () Yes () No

MISC.

Ethnicity Caucasian African American American Indian / Alaska Native
Asian Hispanic Hispanic / Latino American
Hawaiian / Pacific Islander

Do you have a driver's license? () Yes () No Do you have insurance? () Yes () No

How many vehicles do you own? _____ (There is only space for one vehicle per unit.)

GOALS

Why do you want to enter EOAF's Drug and Alcohol Free Housing?

What do you want to accomplish while living at EOAF's Drug and Alcohol Free Housing?

What personal goals do you have?

REFERENCES

Name	Address	City/State	Telephone Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for housing as may be necessary in arriving at a decision regarding my tenancy including criminal history or credit checks.

I understand that no other tenants, other than those specified, will occupy the premises.

I understand that if I am granted tenancy, I am required to submit a 30-day advance notice in writing of my intentions to vacate and that I will be liable for rent for 30 days from the time I give such notice.

I understand that it is my responsibility to update my rental application of change of address / phone or family composition to remain on the waiting list for housing.

In the event of tenancy, I understand that false or misleading information given in my application or interview(s) may result in eviction.

I understand, also, that I am required to abide by all rules and regulations of the EOAF and their funding sources.

Signature of Applicant

Date

Signature of Co Applicant

Date