



## Section 811 PRA Tenant Application Instructions



The application instructions offer general guidance on how to fill the application in its entirety to be considered complete. The following information is designed to help the front-line staff assist their clients to apply for the Section 811 PRA Tenant Application.



[Did you complete the Section 811 PRA Prescreening Eligibility Checklist? Click here to complete.](#)

- 1.** Enter all applicable fields with the qualifying household member's contact information.
- 2.** If applicable, enter all fields with appropriate contact information. A person who has the legal authority to act on the qualifying household member's behalf (e.g., Power of Attorney, legal guardian, etc.)
- 3.** Enter contact information for OHA Service Provider, ODHS Service Coordinator, or Personal Agent
- 4. a)** For occupancy standards see [Referral and Tenant Selection Plan](#). Select all applicable unit sizes that the household requests (can be more than one size)  
**b)** Select all applicable unit accessibility needs
- 5.** Enter each member of the household by name, date of birth, social security number, relationship to the head of household, and gender. Relationships to HEAD can be Spouse, Co-head, Other adult members, Dependent, or Live-in aide. Sex can be Male, Female, or Self-identify write in.
- 6.** Identify the qualifying household member (between the age of 18-61 at the time of admission) who has a serious persistent mental illness or intellectual disability and/or developmental disability Complete all fields in 6a) through 6d)
- 7.** Identify if the qualifying household member is:
  - a)** Homeless: Definition, see [category 1, 3, and 4](#)
  - b)** Risk of Homelessness: see [category 2 and 4](#)
  - c)** At risk of reentering an institution, hospital, or facility setting
  - d)** Ready to transition to a supported housing settingPreference documents: Shelter intake documents, eviction notices, 3rd-party verifications, etc.
- 8. a)** Identify if any household member is subject to a lifetime [Sex Offender Registration](#) in any State  
**b)** Identify if any household member has ever been evicted from federally assisted housing in the past 3 years for drug-related criminal activity  
**c)** Identify if any household member is a full or part-time student at an institution of higher education to obtain a degree, certificate, or other program leading to a recognized educational credential; if yes, provide their name
- 9.** List all income amounts, monetary or not, received on behalf of any household member: Examples include but are not limited to, employment, Social Security, Supplemental Security Income, business (net amount), child support, TANF, unemployment, and income received from family/friends.
- 10.** List all assets, including but not limited to, checking, savings, safe deposit boxes, revocable trusts, stocks, bonds, certificates of deposit, mutual funds, money markets, 401K, Keogh accounts, pensions, whole life insurance policies, and real estate.
- 11.** Answer if all household members are a citizen of the United States or have [eligible immigration status](#)(see paragraph 3-12 and Figure 3-4).
- 12.** Demographic Information: If the applicant chooses to provide, please select all applicable options. If multiple selections: write in. If the applicant chooses not to provide, select "prefer not to answer"
- 13. a)** List the general area (city, county, metropolitan, etc.) the applicant wishes to reside  
**b)** Select property-specific waiting lists the applicant wishes to be added
- 14.** Ensure all applicable fields are complete and original signatures are obtained



# Section 811 Project Rental Assistance (PRA) Tenant Application

Revised 5.2023

<i>For Office Use Only</i>		
<b>Date and Time Received:</b>	<b>Date Approved / Denied (circle one):</b>	<b>Date Rejected:</b>
<i>For Office Use Only: QHM</i>		

Complete one application per household. The application must be completed in its entirety, or the application will be considered incomplete and will be rejected. Applications can be sent to OHCS using the following methods:

Mail to:

**Oregon Housing & Community Services**  
**C/O 811 PRA Program**  
**725 Summer Street NE, Suite B**  
**Salem, Oregon 97301-1266**

Scan & securely email to:

[811PRA.Submissions@hcs.oregon.gov](mailto:811PRA.Submissions@hcs.oregon.gov)

It is very important that we can get in touch with you. Please provide all possible contact information below. See application instructions for more information.



[Did you complete the Section 811 PRA Prescreening Eligibility Checklist? Click here to complete.](#)

### 1. Applicant Information:

First & Last Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Legal Guardian/Representative of Applicant Contact Information:

First & Last Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 3. Referral Agent Contact Information:

First & Last Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



**10. List ALL assets for each household member, do not include live-in aides**

First, Last Name	Type of Asset (Checking, Savings, CD, etc.)	Cash Value*	Financial Institution

\* Cash Value for checking is a 6-month average balance; savings is the current balance

**11. Are all household members a citizen of the United States or have \_\_\_\_\_ eligible immigration status? If yes, social security numbers (SSN) are required to be disclosed to all household members.**

(NOTE: Citizenship status, itself, is not a requirement of the 811 PRA program)

**12. Demographic Information:**

**a) Ethnicity (voluntary – select one or more): \_\_\_\_\_**

If Hispanic, check all that apply:

- Puerto Rican
- Cuban
- Mexican, Mexican American, Chicano/a
- Another Hispanic, Latino/a, or Spanish Origin

**b) Race (voluntary – select one or more): \_\_\_\_\_**

If Asian, check all that apply:

- Asian India
- Chinese
- Filipino
- Other Asian
- Japanese
- Korean
- Vietnamese

If Native Hawaiian or Other Pacific Islander, check all that apply:

- Native Hawaiian
- Guamanian, Chamorro
- Samoan
- Other Pacific Islander

**13. Waiting List:**

**a) Please list the general area in the state of Oregon that you wish to reside (city, county, metropolitan, etc.): \_\_\_\_\_**

**b) Please review the property list and select ALL of the property lists you wish to be added to <https://www.oregon.gov/ohcs/compliance-monitoring/Documents/hud-811/hud-811-pra-Property-List.pdf>**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 14. Application Certification

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest, and for verifying the accuracy of the information furnished.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring a civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).

**Warning:** U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of the damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Applicant Statement:** I certify that the information in this application is true and complete to the best of my knowledge and belief. I understand that furnishing false or incomplete information is punishable under Federal law.

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Print Applicant's Full Name

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Signature of Applicant - Required, verbal authorization is not permitted Today's Date

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Print Legal Guardian or Representative of Applicant's Full Name

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Signature of Legal Guardian or Representative of Applicant Today's Date

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Print Referring Agent's Full Name

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Signature of Referring Agent\*\*\* Today's Date

\*\* Applicant & Referral agent signature is REQUIRED for submission. An original or electronic signature will be accepted.