

# Northeast Oregon Housing Authority

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SERVING  
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Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR, pt 8 ) 11/2013

## CHANGE INFORMATION ON HOUSING APPLICATION

Please print legibly

**Head Of Household:** \_\_\_\_\_

**Address, city, state, zip** \_\_\_\_\_

**Programs/ Complexes I Applied To:**

- |  |                              |                                 |
|--|------------------------------|---------------------------------|
| <input type="checkbox"/> Section 8                               | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Public Housing Union County             | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Public Housing Baker County             | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Public Housing Grant County             | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Green Acres - Baker City                | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Wallowa Alpine - Enterprise             | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Tamarack Court -La Grande               | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Strawberry Village -Prairie City        | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Sommers Apts –Elgin                     | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Richland School Apts –Richland          | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Blue Springs Crossing Apts –Island City | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |

I am currently on the waiting list for the above programs and/or apartment complexes offered by NEOHA. I am reporting a change in income or family composition or to add or remove my application from a list

Insert Family Member Name Who Has the Change

\_\_\_\_\_ GOT A JOB on *(date started)* \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ LOST A JOB on *(last work day)* \_\_\_\_\_

\_\_\_\_\_ RECEIVING UNEMPLOYMENT *(weekly amt)* \_\_\_\_\_

\_\_\_\_\_ ON JOB INJURY RECEIVING WORKMANS COMP *(monthly)* \_\_\_\_\_

\_\_\_\_\_ OTHER CHANGE IN INCOME *(increase to \$ \_\_\_\_\_ / decrease to \$ \_\_\_\_\_)*

\_\_\_\_\_ HAD A BABY (name) \_\_\_\_\_ (DOB) \_\_\_\_\_

\_\_\_\_\_ WANT TO ADD A PERSON TO HOUSEHOLD Name \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ WANT TO REMOVE A PERSON FROM HOUSEHOLD Name \_\_\_\_\_

**WHAT IS THE SPECIFIC CHANGE (Please list in detail):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Depending on the nature of the change of information, your position on the waiting list may change. Allow about 2 weeks for the change to be implemented**

*Head of Household Signature* \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.