



For Office Use Only

Date / Time Received: _____ AM/PM
 Received By: _____

The Meadows at Hope Village

Physical Address:
 1546 S Fir Street
 Canby, OR 97013

Pre-Application for Housing

Mailing Address:
 1546 S Fir Street
 Canby, OR 97013
 Ph: (503) 266-6430 , fax: (503) 266-7127

Unit Type Requested

Bedroom Size: (check all that apply) Efficiency Studio 1 2 3 4 5

Project-based Section 8 Wheelchair accessibility Other _____

Permanent Supportive Housing (PSH), list referring service provider: _____

Contact Information

Name: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number(s): _____

List each person (starting with yourself) who will occupy the apartment

Name (Last, First, Middle)	Date of Birth	Relationship to Head of Household	Social Security Number	Estimated Annual Income
		Self		

Please check any /all of the below that apply to your household

Senior (55 or older) Elderly (62 or older) Disabled Homeless Veteran

Currently have a Section 8 Voucher Currently living in a rent subsidized property

Displaced by a government declared disaster

Referred by a Social Service Agency (name of agency) _____

This Pre-Application is only to establish your place on the waitlist. Once your name comes up on the list it will be necessary to process a full application and verify all the information necessary to determine you eligibility for tenancy

Head of Household Signature _____ Date _____

Cascade Management, Inc., does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs and activities. The Compliance Officer is designated as the 504 Compliance Coordinator.