



**For Office Use Only**

Date / Time Received: \_\_\_\_\_ AM/PM

Received By: \_\_\_\_\_

**Big Creek Point**

**Physical Address:**

2725 NE Crestview Dr  
Newport, OR 97365

**Pre-Application for Housing**

**Mailing Address:**

2725 NE Crestview Dr.  
Newport, OR 97365

Comprehensive reusable tenant screening report is  ACCEPTED  NOT ACCEPTED

**Unit Type Requested**

Bedroom Size: (check all that apply) 1  2

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
		<b>Self</b>		

**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 \_\_\_\_\_



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