



1115 Madison St. • NE PMB 205 • Salem, OR 97301-7862 • (855) 676-6727

PRELIMINARY QUALIFICATION WORKSHEET

INSTRUCTIONS: Please complete and return this WORKSHEET as the first step on determining if you qualify for rental assistance through this program. Be sure to reference the Eligibility Guidelines for the county in which you reside. **Do not leave any blanks. If something does not apply, do not leave blank indicate "N/A" (not applicable).** Please email this form to info@oregonmhrap.com or mail it to **Oregon Mobile Home Rental Assistance Program, 1115 Madison St. NE PMB 205, Salem, Oregon 97301-7862**

Applicant name: _____ Space Number _____

Park Name: _____

Park Address: _____

Park City: _____ Park Zip: _____

Day phone: _____ Cell phone: _____

Applicant date of birth (DOB): _____ Years lived in park: _____ Are you disabled? _____

NAMES OF ALL PERMANENT HOUSEHOLD MEMBERS OTHER THAN YOURSELF:

<i>Name</i>	<i>Relationship to Applicant</i>	<i>Age</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the total monthly income from all members of the household from all sources? _____

Applicant Statement and Signature

I have read the Oregon Mobile Home Assistance Program Eligibility Guidelines for the county in which I reside and, based on those guidelines I believe that my household qualifies. I also understand that a more comprehensive application will be required to be submitted by me before being approved for the program. The formal application will require you to provide information on family, employment, detailed financial information including bank accounts, tax returns, income and expenses. It will be sent to you following this preliminary review.

Signature of Applicant *Date*