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## **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](mailto:info@oregonmhrap.com) or mail it to **Oregon Mobile Home Rental Assistance Program, 25241 Paseo De Alicia, Suite 120, Laguna Hills, CA 92653.**

Applicant name: \_\_\_\_\_ Space Number \_\_\_\_\_

Park Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant City: \_\_\_\_\_ Applicant Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

What is your monthly Base Rent (not including other charges like water and waste)? \_\_\_\_\_

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

### **NAMES OF ALL PERMANENT HOUSEHOLD MEMBERS OTHER THAN YOURSELF:**

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

### **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*