

Waitlist Opening in Eugene

Mac McDonald Apts.

1013-1086 Bennett Lane & 2340 & 2342 Compton, Eugene Or. 97404

We will be accepting 35 applications

Current Rents

Subject to change prior to execution of Rental Agreement

2 Bedroom \$786.00

3 Bedroom \$913.00

Approved Denied OFFICE USE ONLY

Approved Denied

The Minimum Occupancy two and three bedroom are: 2 bedroom - 1 person, 3 bedroom - 2 People

The Maximum Occupancy two and three bedroom are: 2 bedroom - 5 people, 3 bedroom - 7 people

Income Criteria: Monthly household income should be at least 1.5 times the monthly stated rent and cannot exceed the income limit at 50%MFI adjusted for household size.

% MFI	<u>Actual Income Limits 2024</u>							
	<u>1 Pers</u>	<u>2 Pers</u>	<u>3 Pers</u>	<u>4 Pers</u>	<u>5 Pers</u>	<u>6 Pers</u>	<u>7 Pers</u>	<u>8 Pers</u>
20%	\$12,480	\$14,260	\$16,040	\$17,820	\$19,260	\$20,680	\$22,100	\$23,540
30%	\$18,720	\$21,390	\$24,060	\$26,730	\$28,890	\$31,020	\$33,150	\$35,310
35%	\$21,840	\$24,955	\$28,070	\$31,185	\$33,705	\$36,190	\$38,675	\$41,195
40%	\$24,960	\$28,520	\$32,080	\$35,640	\$38,520	\$41,360	\$44,200	\$47,080
45%	\$28,080	\$32,085	\$36,090	\$40,095	\$43,335	\$46,530	\$49,725	\$52,965
50%	\$31,200	\$35,650	\$40,100	\$44,550	\$48,150	\$51,700	\$55,250	\$58,850
55%	\$34,320	\$39,215	\$44,110	\$49,005	\$52,965	\$56,870	\$60,775	\$64,735
60%	\$37,440	\$42,780	\$48,120	\$53,460	\$57,780	\$62,040	\$66,300	\$70,620
70%	\$43,680	\$49,910	\$56,140	\$62,370	\$67,410	\$72,380	\$77,350	\$82,390
80%	\$49,920	\$57,040	\$64,160	\$71,280	\$77,040	\$82,720	\$88,400	\$94,160

This waitlist application may only be submitted on JANUARY 24th 2025 from 8:30 am. to 9:00 am. ONLY. Any waitlist applications submitted before 8:30 am. or after 9:00 m. JANUARY 24th 2025, will be rejected and denied. Waitlist applications will be processed in order of receipt. Receipt of waitlist application does not guarantee entry on the waitlist. Waitlists have maximum capacity limits; applications received after capacity is reached will be rejected and denied.

Waitlist applications are evaluated for list capacity, completeness, occupancy, student status and income.

*=Tenant pays all utilities (Water, Sewer, Gas (if applicable), Garbage and Electric)

No* = Tenant pays Electric and Gas (if applicable)

WAITLIST APPLICATION MUST BE TURNED IN 01/24/2025 from 8:30 am. – 9:00 am. ONLY

01/24/2025 from 8:30 am. – 9:00 am. Only one application per submission will be reviewed.

EMAIL: waitlist@svdp.us

FAX: 541-687-0351

Waitlist phone #: (541) 743-7164

VALID 01/24/2025 – ONLY

Head of Household: _____				
First		Last		
Mailing Address: _____				
Street	City	State	Zip	
Is it ok to leave a detailed message at the below contacts? YES NO				
Phone: _____		Message Phone: _____		
Case Manager: _____		Case Manager Phone: _____		
Alternate Contact: _____		Alternate Contact Phone: _____		
Email Address: _____				

Household Composition

	Full Legal Name	Relationship to Head of Household	Age	Full Time Student (Y or N)	Gross Monthly Income Amount
1)		SELF			\$ Monthly
2)					\$ Monthly
3)					\$ Monthly
4)					\$ Monthly
5)					\$ Monthly
6)					\$ Monthly
7)					\$ Monthly

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Does anyone in the household have a Housing Choice Voucher/Section 8? Yes No

Has anyone that is going to be living the unit, ever lived in St. Vincent de Paul Housing before? Yes No

If yes, where (property name and unit) and when (year)? _____

Please list any special needs your household may require in our housing (example: bars in the bathroom, ramps, downstairs, no stairs, upstairs, etc.) : _____

I/we certify that the information given to St. Vincent de Paul on the household composition, student status, household income & assets is accurate and complete to the best of my/our knowledge and belief. It is further understood I/we must immediately report any changes in household composition to St. Vincent de Paul. It is understood and agreed that failure to report changes and/or submitting false statements of information is grounds for denial of housing and/or eviction.

BY SIGNING BELOW I/WE CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date



The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988)

Name: R.A. Processor Voice: 541-687-5820

Address: 2890 Chad Drive / P.O. Box 24608 Eugene, OR. 97402 TTY: 711

St. Vincent de Paul does not discriminate against any person on the basis of race, color, religion, sex, disability status, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

OFFICE USE ONLY

Received Date/Time: _____ By: _____ (Initial's)

Annual Income: _____ Annual Income Limit: _____

Date letter was mailed: _____ By: _____ (Initial's)

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