

HUB CITY VILLAGE VACANCY ANNOUNCEMENT

Available: January 5, 2026`

Application deadline: Tuesday, December 30, 5:00 pm

For more information call 518-818-8525.

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Hub City Village (HCV) is the first tiny house community in Albany to address the needs of the unhoused and housing unstable. Unlike most affordable housing projects, HCV is a self-governed, cooperative community. Residents of HCV are not simply renters, but members of a housing cooperative with a shared interest in the well-being of the village. Each member enjoys the use of a resident center, community garden and shared common spaces.

Member responsibilities include attending monthly membership meetings and participating in at least one of three main committees. 10 hours of volunteer hours are also required within the village towards the common good of the community.

Membership Selection Criteria

Applicants will be evaluated on the criteria listed below:

Income:

- Earns very low-income (30% - 50% area median income).
- Demonstrates the ability to maintain an income of at least twice the monthly payment amount.
- Provides verifiable documentation of all types of income with their application, including but not limited to employment, social security, or disability benefits.

Community Agreements

- Reports and demonstrates ability to live in accordance with the community agreements, and to participate in the day-to-day life and governance of the Village in a cooperative manner.

Background Check

- Final candidate is responsible for paying for background check.
- Reports accurate background information.
- Applicants with a criminal history of violent or sexual offenses may require additional screening. In considering whether a given conviction should constitute grounds for denial, the following will be considered:
 - Grade of the offense.
 - Length of time since commission of the offense.
 - Evidence of continuing dangerous behavior, current restraining orders, etc.
 - Reports from probation or parole officers regarding the potential of the individual.
 - Reports of other agencies supporting the applicant.

References

- 2 positive rental references or 2 positive personal references (non-family or friend), or 1 of each.

PLEASE NOTE:

- Eight homes have been designated for persons experiencing SPMI (Severe and Persistent Mental Illness).
- Preference will be given to those participating in some form of a transition program (current or within the past year), including but not limited to Helping Hands, Second Chance Shelter, God's Gear Housing, Oxford Housing, LCMH supportive housing, etc.
- Or, those who have experienced homelessness within the past three years or are currently homeless and who also have an insufficient source of income to afford market rate housing.
- Other applications will be considered if we do not receive enough of the above applicants that meet our Membership Selection Criteria.

CHC does not and shall not discriminate on the basis of race, color, religion, creed, gender, gender expression, age, national origin, disability, marital status, sexual orientation, military status, mental health diagnosis or any other characteristic protected under applicable federal or state law, in any of its activities or operations. We will make an extra effort to reach underserved populations and strive to create a village that represents the diversity of our larger community.

Return completed application and documentation in person to:

Hub City Village, 241 Waverly Dr., Albany, OR 97321

Mailed applications must be postmarked on or before December 30, 2025.

Late or incomplete applications will not be considered.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.



HUB CITY VILLAGE HOUSING COOPERATIVE

—Application For Residency—

Please fill out the application completely. Incomplete applications will not be considered. **Each household member over 18 must complete an application.** All information provided to Hub City Village on this application will be kept confidential.

APPLICATION DEADLINE: December 30, 2025, 5:00 pm

DELIVER OR MAIL TO: 241 Waverly Dr. SE, Albany, OR (rear entrance – black drop box near office)
Mailed applications must be postmarked by deadline date.

APPLICANT:

Legal/Given Name: _____ Preferred Pronouns _____

Preferred Name: _____ Date of birth: ____/____/____

Driver's License/ID: State: _____ #: _____ S.S. #: _____

Phone #: _____ Email: _____

Co-Applicant/ Housemate (include minor children): _____

Are you currently unhoused or at risk of becoming unhoused within 2 months? Yes _____ No _____

If unhoused, check where you are currently taking shelter:

Car _____ Tent _____ RV _____ Residential Shelter _____ Other (specify) _____

Are you needing to move or are facing an eviction due to rent increase? Yes _____ No _____

Are you currently in a transition program or have been in the last year? Yes _____ No _____

If so, which one? _____

(i.e. Helping Hands, Second Chance, Oxford, God's Gear, etc.)

Do you need reasonable accommodations? Yes _____ No _____

If so, what kind? _____

Household Income

List all household members who currently receive income. Some examples include but are not limited to
Employment - Self-Employment - Unemployment Benefits - Social Security - Disability Benefits - Workman's
Compensation - Child Support or Alimony - Pensions/Retirement - Assistance from Friends

INCLUDE DOCUMENTATION SO THAT WE CAN VERIFY YOUR INCOME

Accepted documentation: 2-3 recent pay stubs, social security verification letter, disability benefit statement.
Handwritten notes or letters will not be accepted.

Employment History (present employer info required if listed as source of income)

APPLICANT:

Present Employer: _____

How Long? _____ Position: _____ Full-time: _____ Part-time: _____

Supervisor: _____

Phone # _____

Previous Employer: _____ How Long?

_____ Position: _____ Full-time: _____ Part-time: _____

Assets:

List all household members who currently have assets. Some examples include, but are not limited to: -
Employment - Self-Employment - Unemployment Benefits - Social Security - Disability Benefits -
Workman's Compensation - Child Support or Alimony - Pensions/Retirement - Assistance from Family/Friends

Full Name of household member with income: _____

Source of Income: _____ Monthly Income: _____

Assets: Checking: _____ Savings: _____ Cash: _____

Full Name of household member with income: _____

Source of Income: _____ Monthly Income: _____

Assets: Checking: _____ Savings: _____ Cash: _____

Current Landlord/Service Provider: _____ Phone #: _____

Current or most recent address:

Street: _____ City: _____

State: _____ Zip: _____

When did you move there: ____/____/____ Current Rent: \$_____

Previous Landlord: _____ Phone #: _____

Previous Address:

Street: _____ City: _____

State: _____ Zip: _____

When did you live there? ____/____/____ to ____/____/____

Household Composition:

Do you have a vehicle? Yes _____ No _____ If so, how many? _____

Make: _____ Model: _____

License Plate: State: _____ # _____ Tag Expiration Date: _____

Make: _____ Model: _____

License Plate: State: _____ # _____

Do you have a pet? Yes _____ No _____ (Only one is allowed)

Species/Breed: _____

Weight: _____ Spay/neuter: Yes _____ No _____

Licensed? Yes ____ No ____ License Number: _____ County _____ Expiration _____

Please check if one of the following is true: Emotional Support _____ Service Animal _____

Documentation is required for emotional support and/or service animal.

Current Vaccinations: _____

Participation & Cooperation ... *Your participation is what helps keep HCV so affordable.*

Attending our monthly meetings includes listening to and discussing proposals with other members. Examples include how to best maintain common areas or how to resolve an ongoing conflict. As a member, you will be expected to participate in our decision-making process actively and humbly, as we believe that all members have an equally valuable opinion.

Would you be willing to take part in our monthly village meetings? Yes _____ No _____

Committees are formed to address matters that pertain to the management of the Village. There are three main committees. Briefly, they are:

- *Administration:* Bookkeeping, communications, budget, etc.
- *Membership:* Attends to all things related to the members, such as applications, screening, grievances, etc.
- *House & Grounds.* Oversees and executes the general maintenance of the village, including both landscape upkeep and building maintenance.

In addition, others may be formed as needed.

Are you willing to participate in one or more committees? Yes _____ No _____

If yes, what qualities or skills do you have that would be beneficial to any of these committee(s) and why?

Please provide 1-3 commitments you kept to an individual or group that one of your references can speak to:

Please provide an example of a project you worked on with others:

Once a member, will you be willing to accept feedback from other members of HCV about concerns that involve you or members of your household (example: noise, shared space, etc.)?

Yes _____ No _____

Are you willing to listen to people you disagree with about an issue that concerns you?

Yes _____ No _____

References

Please provide two references outside of those applying as part of your household and other family members or friends. At least one reference should be from an employer, service provider, or volunteer coordinator.

**** List someone that can support your ability to live in accordance with the Community. ****

1. Name: _____ Relationship: _____

Phone: _____ E-mail Address: _____

2. Name: _____ Relationship: _____

Phone: _____ E-mail Address: _____

Background Check

Please list the State and County in which you have lived in the past three years.

1. State: _____ County _____
2. State: _____ County _____
3. State: _____ County _____

If accepted, are you willing to submit to a drug test? Yes _____ No _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

If yes, please state all charges you have been convicted of (please use the back of the sheet if necessary).

If any convictions are for drug offenses or DUI charges, have you completed a treatment program? Where?

_____ When? _____

Are you willing to submit to a drug test? Yes _____ No _____

If currently on parole or probation:

Name of Parole/Probation Officer: _____

Are you in good standing with all requirements set forth by the courts? _____

I declare that all information on this form is true and accurate to the best of my knowledge. I give permission to verify all information provided, and to check my background, employment history, credit history, and references. I realize that providing false information will lead to dismissal of my application.

Applicant Signature: _____ Date: _____

HCV Representative Signature: _____ Received: _____

REQUIRED ATTACHED DOCUMENTATION:

_____ 2-3 Recent Pay Stubs *or* SSI/SSDI verification letter and/or Rental Voucher Agreement

_____ Proof of animal vaccinations, support animal documentation, and license (if applicable)