



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501

PH/TDD (541) 779-5785

FAX (541) 857-1118

TENANT SELECTION CRITERIA

ANDERSON VISTA
571 Talent Avenue
Talent, OR 97540

LILAC MEADOW PHASE I & III
3009 Cummings Lane
Medford, OR 97501

- We will supply anyone who inquires about Lilac Meadow or Anderson Vista with an application.
- Applications will be processed in the order in which they are received and put on the waiting list by date and time of application, sorted by income level.
- Incomplete applications will not be processed until completed.

The Housing Authority will process a criminal background check and landlord reference check on all household members age 18 and older. It is the applicant's responsibility to supply the Housing Authority with all information necessary to contact previous landlords.

Occupancy Requirements

- Head of Household must be a farmworker as defined on page 2 of this criteria, have legal status to reside in the United States and must provide either a Social Security card or current Resident Alien card.
- Adjusted household income must be less than the current very low-income limits as determined by USDA Rural Development.
- Household must meet occupancy guidelines as follows:
2 Bedroom : 2-5 persons 3 Bedroom: 3-7 persons
4 Bedroom: 4-9 persons

Screening Policy

- Applicant(s) with rental history must have positive references.
- Applicant(s) who have been evicted by a landlord must have at least two years of good rental history since the eviction to qualify for occupancy.
- Applicant(s) cannot owe another landlord or any Housing Authority money to qualify.
- Applicant(s) must pass a criminal background check as follows:
 1. Applicants who have been convicted of the manufacturing of a controlled substance within the past 10 years will be denied occupancy.
 2. Applicants who have been convicted of the distribution of a controlled substance within the past 5 years will be denied occupancy.
 3. Applicants who have been convicted of one charge of possession of a controlled substance within the past 3 years must supply proof that they have completed a certified drug treatment program to be admitted occupancy.
 4. Applicants who have been convicted of more than one charge of possession within the past 3 years will be denied occupancy.
 5. Applicants who have been convicted of a violent crime may be denied occupancy if it is a threat to the health and safety of the complex.
 6. Applicants who have three or more charges in the past 3 years will be denied occupancy.

Applicants currently abusing illegal drugs will be considered a threat to the health and safety of the complex and will be denied occupancy. Alcohol abuse that results in violent or threatening behavior will also be considered a threat to the health and safety of the complex.

Farmworker Qualification

To qualify as a farmworker, a person must receive a substantial portion of his or her income performing farm labor employment (not self-employed) and is either a citizen or resides in the U.S. after being legally admitted for residence. Farm labor includes cultivating, raising or harvesting any crop; handling, planting, drying, packing, grading, storing or preserving of a crop in its unmanufactured state; or delivery to storage, processing or market of any crop in its unmanufactured state. At least one person age 18 or older in a household must qualify as a farmworker under this definition and the household must receive at least \$ 4,582.50 from farm labor each year.



Please list only income from farm work you expect will be earned by each household member 18 years or older during the next 12 months based on past farm work experience. If you do not have room, please continue on the back of this page.

FARM WORK INCOME Please list only income from farm work for all household members ages 18 and older

HOUSEHOLD MEMBER	EMPLOYER NAME ADDRESS	DATES WORKED FROM:	DATES WORKED TO:	TOTAL INCOME

INCOME FROM OTHER EMPLOYMENT Please list only income from employment other than farm work for household members ages 18 and older.

HOUSEHOLD MEMBER	EMPLOYER NAME ADDRESS	DATES WORKED FROM:	DATES WORKED TO:	TOTAL INCOME

OTHER INCOME Please list all other income your household receives from all household members regardless of age

SOURCES OF INCOME	AMOUNT	HOW OFTEN
Unemployment		
Social Security		
Public Assistance		
Pension or Annuity		
Child Support or Alimony		
Interest, Dividends, Interest income from real or personal property		
Other:		

ASSETS Please list information on assets held by members of the household regardless of age

ACCOUNT TYPE	ACCOUNT NUMBER	BANK	BALANCE
Checking			
Savings			
Trust Account			
CD			
IRA			

SAVINGS BOND	MATURITY DATE:	VALUE:
LIFE INSURANCE	POLICY #	VALUE:

- a. Do you own any type of stocks or bonds? Yes_____ No_____

If yes, provide estimate of current value:_____
- b. Do you own any real property? Yes_____ No_____

If yes, provide appraised value:_____
- c. Have you sold/disposed of any property or other assets in the past two years? Yes_____ No_____

If yes, type of asset/property:_____

Date sold or disposed:_____

Amount received from asset/property:_____
- d. Do you have any other assets not listed above (excluding household possessions)? Yes_____ No_____

If yes, please list asset and current value:_____

MEDICAL DEDUCTIONS

Do you request an adjustment to your household income on the basis qualifying as an elderly family (the tenant or co-tenant is either 62 years old or older or is disabled or handicapped)? Yes ___ No___

If so, please provide the following information: (NOTE: You will be required to provide evidence sufficient to verify your eligibility for the adjustments.)

DEDUCTIONS AND ALLOWANCES (PER YEAR): MEDICAL INSURANCE \$ _____ OTHER MEDICAL EXPENSES (COPAYS, ETC.) PRESCRIPTIONS: \$ _____
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CHILD CARE DEDUCTIONS

Do you request an adjustment to your household income on the basis your family consists of minor children under the age of 13 that you pay unreimbursed care? Yes ___ No___

If so, please provide the following information. NOTE: You will be required to provide evidence sufficient to verify your eligibility for the adjustments.

AMOUNT OF UNREIMBURSED CHILD CARE \$ _____ per month/week/year (circle one)

CRIMINAL HISTORY

Have you or anyone in your household ever been involved with drug related or violent criminal activity? YES___ NO___. If yes, please explain the situation, year and the city where it took place:_____

ACCESSIBILITY REQUIREMENTS

Do you or any member of your household require a unit with special features?

Yes _____ No _____

If yes, please indicate which special features you need:

Grab Rails No stairs Wheelchair Accessible Hearing Impaired Smoke Detector

Other _____

CITIZENSHIP/LEGAL RESIDENCY

This information will be used only for the purpose of determining eligibility and will be kept confidential.

Is at least one member of your household who is 18 years of age or older employed in farm work and a citizen or legal resident of the United States? Yes _____ No _____

VERIFICATIONS AND SIGNATURES

I/we certify that the housing I/we will occupy will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I/we understand that failure to fully complete this application or by providing false information, this application may be rejected or, after moving, may result in eviction.

I/we agree to give the owner/owner's representative the authority to investigate and obtain my/our credit rating, current and past rental records, employment history, and sources of income to household, current/past utility records and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and will be held in confidence.

My/our signature(s) below certifies that the statements made on this application are true and correct and gives Management consent to verify the information contained in this application.

I/we understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined under this title or imprisoned not more than five years or both."

SIGNATURES All adult members of the household who are eligible farm workers must sign as either applicant or co-applicant.

Applicant

Date

Co-Applicant

Date

Co-Applicant

Date

This institution is an equal opportunity provider

STATISTICAL INFORMATION:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the

Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Race: (Mark one or more)
1 American Indian/Alaska Native_____
2 Asian_____
3 Black or African American_____
4 Native Hawaiian or Other Pacific Islander_____
5 White_____
Gender: Male_____
Female_____

Ethnicity:
Hispanic or Latino_____
Not Hispanic or Latino_____

How did you hear about us?

Referred by other agency (which one?) _____ T.V. _____ Radio _____ Word of Mouth _____ Newspaper _____ Community
Resource Listing or Flyer _____ Internet _____ Other _____