

HOUSING AUTHORITY OF JACKSON COUNTY
2251 TABLE ROCK ROAD
MEDFORD, OR 97501
(541) 779-5785 Toll Free 1-888-276-7890

JACKSON COUNTY HOME REPAIR PROGRAM APPLICATION

1 person 2 persons 3 persons 4 persons 5 persons 6 persons
 \$29,650 \$33,850 \$38,100 \$42,300 \$45,700 \$49,100

Please complete **All** the following information:

Name _____ Day Phone _____
 Mailing Address _____ Evening Phone _____
 City _____ Message Phone _____
 ACTUAL STREET ADDRESS _____
 Email Address: _____

HOUSEHOLD (including applicant)

Names of household members	Birth Date	Age	Relationship	Head of House	Disabled?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

 INCOME: LIST ALL INCOME FROM ALL SOURCES AND HOUSEHOLD MEMBERS *****
 Dollar Amount _____ Household Member _____
 _____ Wages, Pension, Interest _____ Receiving Income _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

INFORMATION CONCERNING YOUR HOME:

YOUR HOME MUST BE LOCATED WITHIN THE BORDERS OF JACKSON COUNTY EXCLUDING THE CITIES OF MEDFORD AND ASHLAND!

Has your home been repaired by a repair program in the past? _____ When? _____
 Have you attempted to obtain financing to perform repairs? _____ When? _____
 Estimate how much your home is worth? _____
 Estimate how much you owe on your home (all liens)? _____
 How long have you owned your home? _____
 Is this an owner-occupied property? _____ Is this a mobile? _____
 Year Built? _____ Square footage of home? _____ No. of bedrooms? _____
 Do you have a problem with your home that is a hazard or threat to you or your neighbors? If so, what? _____

Please check any items that you would like to address with the funding:

_____ Septic/Sewer	_____ Well	_____ Disability accommodations
_____ Structural	_____ Foundation	_____ Plumbing
_____ Heating	_____ Roofing	_____ Dry rot repair
_____ Insulation	_____ Water Heater	

Any additional items, list here: _____

 The Housing Authority reports data to HUD on the number of minorities and disabled persons that benefit from its programs. The following data is collected voluntarily and used for reporting. **Is Head of household?**

_____ White _____ Native American _____ Asian or Pacific Islander _____ Hispanic _____ Black
 _____ A person with disabilities? _____

 I declare that the above information is correct and complete to the best of my knowledge. I understand that it is a crime to give false information and I give my consent to share information with other government agencies.

Signature of Applicant _____ Social Security Number _____

The Housing Authority is an Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973.

SEE REVERSE SIDE

PLEASE SUBMIT THIS WITH YOUR APPLICATION. Thanks!

Housing Authority of Jackson County
2251 Table Rock Road
Medford Oregon 97501

AUTHORIZATION FOR RELEASE OF INFORMATION

Name _____ Date _____
Mailing _____
Address _____

To Whom It May Concern:

The Housing Authority of Jackson County is required to verify the eligibility of persons seeking help through the housing programs. We would appreciate your cooperation in providing the information specified on the attached form.

NOTE:

THIS BOX IS FOR HOUSING AUTHORITY PERSONNEL ONLY. DO NOT MARK

_____ Social Security Administration	_____ Banking & Other
_____ Adult & Family/Adult Services	_____ Financial Institutions
_____ Food Stamps Division	_____ Employment Division
_____ Support Enforcement Division	_____ Pension/Retire Benefits
_____ Veterans Administration	_____ Child Care
_____ Employers	_____ Educational Grants/Loan
	_____ Other: _____

I hereby authorize the sources checked above to release any information requested by the Housing Authority of Jackson County. The Housing Authority will only seek information for the stated purpose and will not release the information to other persons; nor to other agencies, except (1) as required by law; and (2) to the extent necessary to carry out the verification of eligibility for the Housing Authority's programs.

Date _____

Signature of Applicant

Signature of Applicant

Date of Birth

Date of Birth

Social Security Number

Social Security Number