

**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**

<b>1 person</b>	<b>2 persons</b>	<b>3 persons</b>	<b>4 persons</b>	<b>5 persons</b>	<b>6 persons</b>
<b>\$29,900</b>	<b>\$34,150</b>	<b>\$38,400</b>	<b>\$42,650</b>	<b>\$46,100</b>	<b>\$49,500</b>

Please complete **All** the following information:

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

***HOUSEHOLD (including applicant)***

<u>Names of household members</u>	<u>Birth Date</u>	<u>Age</u>	<u>Relationship</u>	<u>Disabled?</u>
_____	_____	_____	<u>Head of House</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INCOME: LIST ALL INCOME FROM ALL SOURCES AND HOUSEHOLD MEMBERS**

<u>Dollar Amount</u>	<u>Source of Income Wages, Pension, Interest</u>	<u>Household Member Receiving Income</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

***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 \_\_\_\_\_Insulation \_\_\_\_\_Heating \_\_\_\_\_Roofing  
\_\_\_\_\_Dry rot repair \_\_\_\_\_Water Heater \_\_\_\_\_Electrical  
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
_____ Financial Institutions	
_____ Adult & Family/Adult Services	_____ Employment Division
_____ Food Stamps Division	_____ Pension/Retire Benefits
_____ Support Enforcement Division	_____ Child Care
_____ Veterans Administration	_____ Educational Grants/Loan
_____ Employers	_____ 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