

SECTION 8 PACKET FOR LIVE-IN AIDE'S

Housing Authority of Jackson County
2251 Table Rock Road
Medford OR 97501 541-779-5785

DUE BACK BY: _____ **RE TENANT:** _____

I.
Name: _____ SS Number: _____
Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

FAMILY MEMBERS OF THE LIVE-IN AIDE: LIST YOURSELF and all members of your family who will be living in the unit.

Name	/Age / Sex / Race /	Birth Date /	Birth Place /	Social Sec. No.
1. _____	/ / / /	/	/	/
2. _____	/ / / /	/	/	/
3. _____	/ / / /	/	/	/
4. _____	/ / / /	/	/	/
5. _____	/ / / /	/	/	/
6. _____	/ / / /	/	/	/
7. _____	/ / / /	/	/	/
8. _____	/ / / /	/	/	/

Are you legally married ? YES NO SEPARATED

EMERGENCY CONTACT:
NAME: _____ ADDRESS: _____
PHONE _____ RELATIONSHIP: _____



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK MEDFORD OR 97501
PH/TDD (541) 779-5785 FAX (541) 857-1118

ATTENDANT CERTIFICATION:

I: _____ do hereby certify that I am

Residing with: _____ Solely to provide attendant medical care as deemed necessary by their attending physician.

I am not obligated for his/her support nor do I share expenses with him/her. I would not be living in the unit except to provide the necessary supportive services.

I also understand that in the event something should happen to _____ I would have no residual rights to the Section 8 Assistance.

Signature of Attendant

Date

Birth date of Attendant

Social Security No. of Attendant

Section 8 participant

Date



VIII. HOUSING AUTHORITY CERTIFICATION

HOUSING AUTHORITY OFFICIAL'S CERTIFICATION FOR TENANT'S FILE

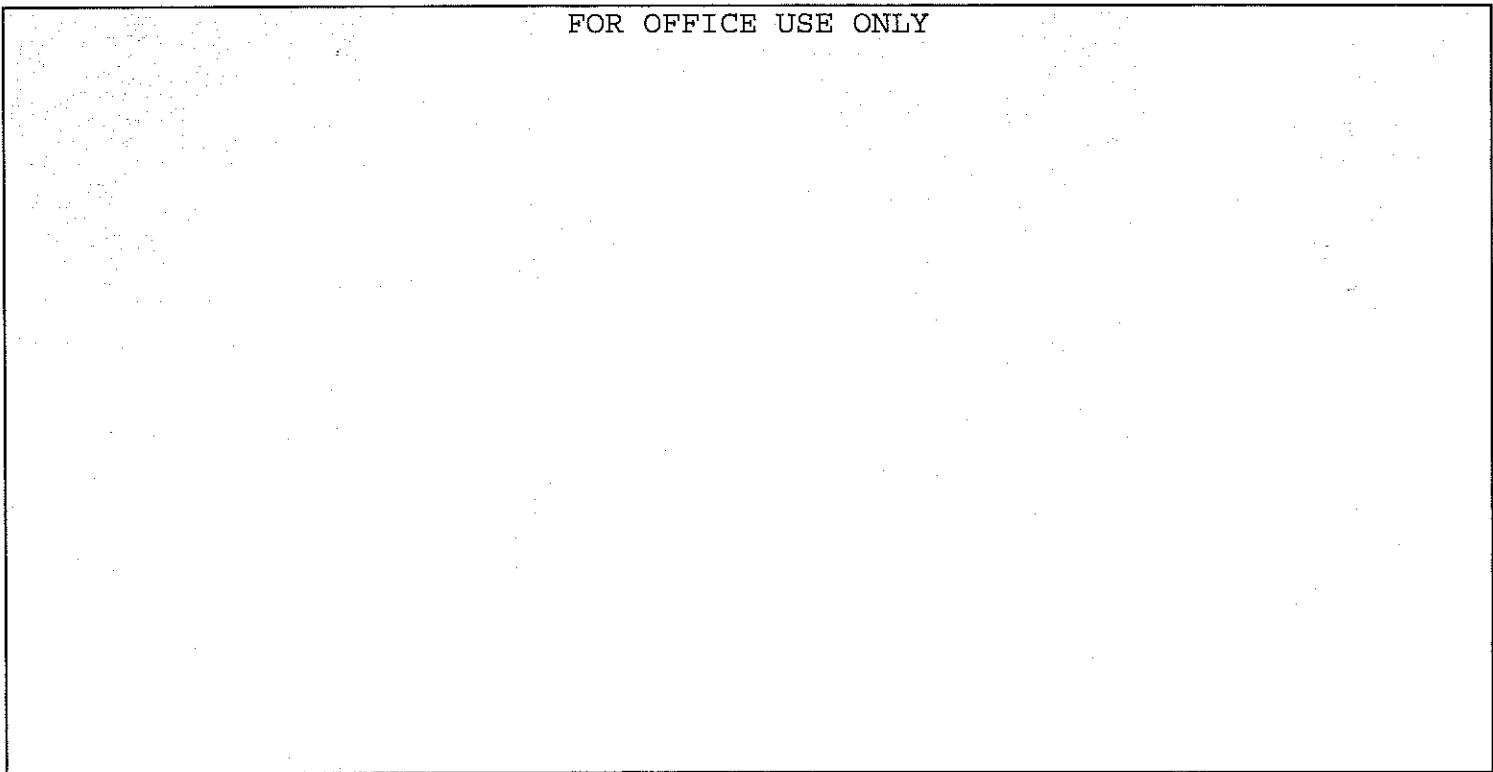
I certify that:

- (1) the attached information given to the Housing Authority by the household of _____, on household composition, income, net family assets, and allowances and deductions, has been verified as required by Federal Law;
- (2) the family was eligible at admission; and
- (3) the family has certified that it has given our agency accurate and complete information.

Signature of Housing Authority Official

Date

FOR OFFICE USE ONLY



HOUSING AUTHORITY OF JACKSON COUNTY

2231 TABLE ROCK ROAD MEDFORD OR 97501
(541) 779-5785 FAX (541) 857-1118

INFORMATION RELEASE AUTHORIZATION

- A. The Housing Authority of Jackson County requires that applicants and participants in assisted housing programs provide a social security number for each family member. The social security number will be used to establish the computer record and the identification of applicants/ participants and their family members. These numbers will also be used to verify former tenancy in subsidized housing programs: To confirm prior rent payment history, and to verify eligibility information (i.e., income, assets, etc.).
- B. I/We do hereby authorize the Housing Authority of Jackson County, contact any agencies, employers, or organizations to obtain any information or materials deemed necessary to determine my eligibility for participation in the Housing Authority programs. I/We further authorize the same information to be made available on an on going basis for continued participation.
- C. I/We give any credit bureau permission to release my/our credit history to the Housing Authority of Jackson County for the purposes of verifying eligibility or continued eligibility for federal rent assistance (business transaction having a personal, family or household purpose for the consumer).
- D. I/We give any Law enforcement agency/City, State or Federal Court permission to release any information to the Housing Authority that they deem necessary in determining My/Our eligibility or continued assistance for any Housing Authority programs.

I/We understand by signing this form that copies of this form will be used in place of the original.

Print Full Name of Applicant/Participant

Print Full Name of Applicant/Participant

Legal Signature of Applicant/Participant

Legal Signature of Applicant/Participant

Social Security Number

Social Security Number

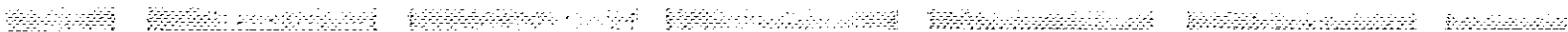
Date of Birth

Date of Birth

Drivers Lic. / ID Number, State & Expire Date

Drivers Lic. / ID Number State, & Expire Date

WARNING: STATE AND FEDERAL LAW PROVIDES PENALTIES, INCLUDING A FINE, IMPRISONMENT, OR BOTH, FOR ANYONE WHO AIDS ANOTHER PERSON IN OBTAINING BENEFITS TO WHICH THEY ARE NOT ENTITLED.



HOUSING AUTHORITY OF JACKSON COUNTY

DECLARATION OF CITIZENSHIP STATUS

This declaration must be completed for each family member. All adults, 18 years of age or older, must sign their own declaration. The declaration for children, under 18 years of age, must be signed by an adult member of the family residing (or who will reside) in the assisted housing unit and who is responsible for the child.

UNDER PENALTY OF PERJURY, I DECLARE THAT:

_____ FAMILY MEMBER NAME

- IS: A citizen of the United States
- A noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status for the family member listed above.
- Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

_____ FAMILY MEMBER NAME

- IS: A citizen of the United States
- A noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status for the family member listed above.
- Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME

- IS:
- () A citizen of the United States
 - () A noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status for the family member listed above.
 - () Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME

- IS:
- () A citizen of the United States
 - () A noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status for the family member listed above.
 - () Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME:

- IS:
- () A citizen of the United States
 - () A noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status for the family member listed above.
 - () Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED